

Form 4124 Rev 06/06
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL ST NE
SALEM, OR 97301-2532
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

BUSINESS LOCATION
CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

LICENSE NUMBER AG-L0001401CPO DATE ISSUED 01/09/2007 DATE EXPIRES 12/31/2007 Marine Fouling Organism

Categories Of Licenses

Commercial Pesticide Operator
Printed: 01/10/2007

Pesticide Phone Numbers

Emergency Services Dial 911

National Poison Center 1 (800) 222-1222

Treatment information for pesticide poisoning.

OERS 1(800) 452-0311

Emergency information for spills. Outside Oregon: 1 (503) 378-4124

NPIC 1 (800) 858-7378

General and toxicological information on pesticides

ODA Pesticides Division 1 (503) 986-4635

Information on pesticide regulations.

Worker Protection 1 (800) 922-2689

Consultations on WPS or Haz Com. Outside Oregon: 1 (503) 378-3272

ODA Pesticide Website

-Get this information-

- Regulation Updates
- On-line Newsletter
- Search Registered Pesticides
- Report Pesticides Used
- Licensing Requirements
- Testing Locations
- Look Up Test Scores
- Search Recertification Classes
- Summary of Classes Attended



<http://oregon.gov/ODA/PEST>

License Category Reference

720 - Marine Fouling Organism
731 - Agriculture Insecticide & Fungicide
732 - Agriculture Herbicide
733 - Agriculture Soil Fumigation
734 - Agriculture Livestock Pests
735 - Agriculture Vertebrate Pests
740 - Aquatic
750 - Demonstration and Research
760 - Forest
770 - Public Health
780 - Right of Way
791 - IIHS General Pests
792 - IIHS Structural Pests
793 - IIHS Space Fumigation
794 - IIHS Moss Control
795 - IIHS Wood Treatment
801 - Orn & Turf Insecticide & Fungicide
802 - Orn & Turf Herbicide
810 - Seed Treatment
820 - Regulatory Predator
830 - Regulatory Weed
970 - Consultant Demonstration & Research

**Attention: Storing in see-through
wallet sleeve may damage this card.**

Oregon Department of Agriculture

Commercial Pesticide Operator
Lic: AG-L0001401CPO Expires: 12/31/2007
Name: CASCADE GENERAL INC
Address: PO BOX 4367
PORTLAND OR 97208

Categories: 720

**Carry this license
with you for pesticide
purchases and use.
Trainee license cannot
be used to purchase
restricted-use
pesticide products.**

USEPA SF



1363896

OREGON DEPT OF AGRICULTURE
PESTICIDES DIVISION
503/986-4635



Commercial Pesticide Operator
2006 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2005
Mail/Firm Number: 117675 090481
Phone number: 503/285-1111
FAX number:
E-mail:

Phone number: 503/285-1111
FAX number:

Business Location Address:
CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

ODA Pesticide Bulletin? E-mail? _____ Paper X Not at all _____

Lic Code 001401-67 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Identify type of ownership:

☒ Corporation

() Individual..... Name _____ Applicator License #: _____

() Partnership..... Name _____ Applicator License #: _____

..... Name _____ Applicator License #: _____

All Operators must Complete Applicator/Trainee list on page 2

Major Category
MARINE FOULING

Sub-Category

Check all that apply to your work:

() Aerial-Fixed Wing

() Aerial-Helicopter

() WDO Inspections Only

No Pesticide Applications Conducted.

(Continued on back)

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 117675 090481

BUSINESS CASCADE GENERAL INC
LOCATION 5555 N CHANNEL
PORTLAND, OR 97208

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	CATEGORIES OF LICENSE
67	01401	01/06/2005	12/31/2005	MARINE FOULING

Commercial Pesticide Operator License

Pesticide Phone Numbers

Emergency Services Dial 911

National Poison Center 1 (800) 222-1222

Treatment information for pesticide poisoning.

OERS 1(800) 452-0311

Emergency information for spills . Outside Oregon: 1 (503) 378-4124

NPIC 1 (800) 858-7378

General and toxicological information on pesticides

ODA Pesticides Division 1 (503) 986-4635

Information on pesticide regulations.

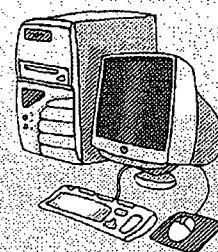
Worker Protection 1 (800) 922-2689

Consultations and investigations on WPS or Haz Com laws.

ODA Pesticide Website

-Get this information-

- Regulation Updates
- On-line Newsletter
- Search Registered Pesticides
- Report Pesticides Used
- Licensing Requirements
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- Summary of Classes Attended



<http://oda.state.or.us/pesticide>

License Category Reference

720 - Marine Fouling Organism
731 - Agriculture Insecticide & Fungicide
732 - Agriculture Herbicide
733 - Agriculture Soil Fumigation
734 - Agriculture Livestock Pests
735 - Agriculture Vertebrate Pests
740 - Aquatic
750 - Demonstration and Research
760 - Forest
770 - Public Health
780 - Right of Way
791 - IIHS General Pests
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793 - IIHS Space Fumigation
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795 - IIHS Wood Treatment
801 - Orn & Turf Insecticide & Fungicide
802 - Orn & Turf Herbicide
810 - Seed Treatment
820 - Regulatory Predator
830 - Regulatory Weed
970 - Consultant Demonstration & Research

Attention: Storing in see-through
wallet sleeve may damage this card.

Oregon Department of Agriculture

Commercial Pesticide Operator

Lic: 01401 Expires: 12/31/2005
Name: CASCADE GENERAL INC
Address: 5555 N CHANNEL
PORTLAND, OR 97208
Categories: 720

Carry this license
with you for pesticide
purchases and use.
Trainee license can
not be used to
purchase restricted-
use pesticide
products.

Form 4124 Rev 04/02
OREGON DEPARTMENT OF AGRICULTURE
535 CAPITOL ST NE
SALEM, OR 97301-2532
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 117675 090481

BUSINESS CASCADE GENERAL INC
LOCATION 5555 N CHANNEL
PORTLAND, OR 97208

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
067	01401	01/10/2004	12/31/2004

CATEGORIES OF LICENSE MARINE FOULING

Commercial Pesticide Operator License

Pesticide Phone Numbers

Emergency Services Dial 911

National Poison Center 1 (800) 222-1222

Treatment information for pesticide poisoning.

OERS 1(800) 452-0311

Emergency information for spills. Outside Oregon: 1 (503) 378-4124

NPIC 1 (800) 858-7378

General and toxicological information on pesticides

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Information on pesticide regulations.

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Consultations and investigations on WPS or Haz Com laws.

License Category Reference

720 - Marine Fouling Organism
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970 - Consultant Demonstration & Research

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wallet sleeve may damage this card.**

Oregon Department of Agriculture

Commercial Pesticide Operator

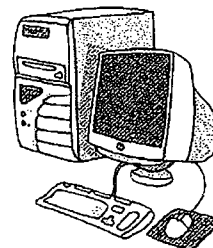
Lic: 01401 Expires: 12/31/2004
Name: CASCADE GENERAL INC
Address: 5555 N CHANNEL
PORTLAND, OR 97208

Categories: 720

ODA Pesticide Website

-Get this information-

- Regulation Updates
- On-line Newsletter
- Search Registered Pesticides
- Report Pesticides Used
- Licensing Requirements
- Testing Locations
- Look Up Test Scores
- Search Recertification Classes
- Summary of Classes Attended



<http://oda.state.or.us/pesticide>

**Carry this license
with you for pesticide
purchases and use.
Trainee license can
not be used to
purchase restricted-
use pesticide
products.**

OREGON DEPT OF AGRICULTURE
PESTICIDES DIVISION
503/986-4635



Commercial Pesticide Operator
2004 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2003
Mail/Firm Number: 117675 090481
Phone number: 503/285-1111
FAX number:
E-mail:

Business Location Address:
CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

Phone number: 503/285-1111
FAX number:

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☒ Not at all ☐

Lic Code 001401-67 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Identify type of ownership:

☒ Corporation

() Individual..... Name _____ Applicator License #: _____

() Partnership..... Name _____ Applicator License #: _____

..... Name _____ Applicator License #: _____

All Operators must Complete Applicator/Trainee list on page 2

Major Category
MARINE FOULING

Sub-Category

Check all that apply to your work:

() Aerial-Fixed Wing () Aerial-Helicopter () Home Inspections Only

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 117675 090481

BUSINESS **CASCADE GENERAL INC**
 LOCATION **5555 N CHANNEL**
PORTLAND, OR 97208

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
067	01401	01/02/2003	12/31/2003

CATEGORIES OF LICENSE MARINE FOULING

Commercial Pesticide Operator License

Pesticide Phone Numbers

Emergency Services Dial 911

National Poison Center 1 (800) 222-1222
 Treatment information for pesticide poisoning.

OERS 1 (800) 452-0311
 Emergency information for spills. Outside Oregon: 1 (503) 378-4124

NPIC 1 (800) 858-7378
 General and toxicological information on pesticides

ODA Pesticides Division 1 (503) 986-4635
 Information on pesticide regulations.

Worker Protection 1 (800) 922-2689
 Consultations and investigations on WPS or Haz Com laws

ODA Pesticide Website

-Get this information-

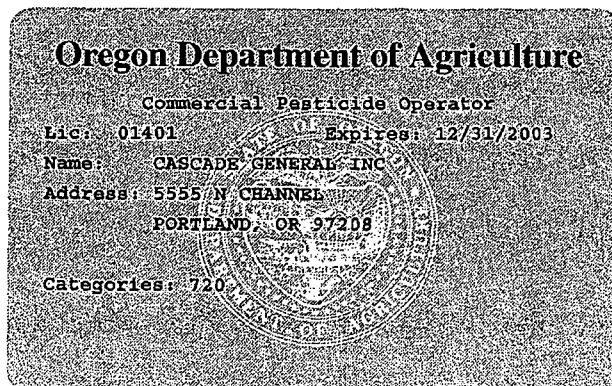
- Regulation Updates
- On-line Newsletter
- Search Registered Pesticides
- Report Pesticides Used
- Licensing Requirements
- Testing Locations
- Look Up Test Scores
- Search Recertification Classes
- Summary of Classes Attended



<http://oda.state.or.us/pesticide>

License Category Reference

720 - Marine Fouling Organism
 731 - Agriculture Insecticide & Fungicide
 732 - Agriculture Herbicide
 733 - Agriculture Soil Fumigation
 734 - Agriculture Livestock Pests
 735 - Agriculture Vertebrate Pests
 740 - Aquatic
 750 - Demonstration and Research
 760 - Forest
 770 - Public Health
 780 - Right of Way
 791 - IIHS General Pests
 792 - IIHS Structural Pests
 793 - IIHS Space Fumigation
 794 - IIHS Moss Control
 795 - IIHS Wood Treatment
 801 - Orn & Turf Insecticide & Fungicide
 802 - Orn & Turf Herbicide
 810 - Seed Treatment
 820 - Regulatory Predator
 830 - Regulatory Weed
 970 - Consultant Demonstration & Research



Carry this license with you for pesticide purchases and use. Trainee license can not be used to purchase restricted-use pesticide products.



CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Operator
2003 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/2002
Mail/Firm Number: 117675 090481
Phone number: 503/285-1111
FAX number: _____
E-mail: _____

Business Location Address:
CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

Phone number: 503/285-1111
FAX number: _____

ODA Pesticide Quarterly Newsletter? E-mail? _____ Paper _____ Not at all _____

Lic Code Please complete this form and make corrections where necessary.
001401-67 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Identify type of ownership:

() Individual..... Name _____ Applicator License #: _____

() Partnership..... Name _____ Applicator License #: _____

..... Name _____ Applicator License #: _____

(X) Corporation..... Complete Applicator/Trainee list on page 2

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

() Aerial (X) Ground () Chemigation

() License maintained for Home Inspections only. No pesticides are applied.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Operator
2002 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2001
Mail/Firm Number: 117675 090481
Phone number: 503/285-1111
FAX number:
E-mail:

Business Location Address:
CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

Phone number: 503/285-1111
FAX number:

CDA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all ___

Lic Code
001401-67

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Identify type of ownership:

() Individual..... Name _____ Applicator License #: _____

() Partnership..... Name _____ Applicator License #: _____

..... Name _____ Applicator License #: _____

(X) Corporation..... Complete Applicator/Trainee list on page 2

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

() Aerial (X) Ground () Chemigation

() License maintained for Home Inspections only. No pesticides are applied.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 102124 102124
Phone number: 503/285-9706
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☐ Not at all ☐

Lic Code
073198-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.

Phone number: 503-285-1111

5555 N. Channel Avenue

FAX number: 503-247-6050

Portland, OR 97217

(city, state, zip)

Operator Lic #: 134430

Supervising licensed applicator:

Name: Bruce Clark

App Lic #:

Signature:

A handwritten signature in black ink, appearing to read "Bruce Clark", is written over a horizontal line.

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 122120 122120
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☐ Not at all ☐

Lic Code 122329-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.

Phone number: 503-285-1111

5555 N. Channel Avenue

FAX number: 503-247-6050

Portland, OR 97217

(city, state, zip)

Operator Lic #: 134430

Supervising licensed applicator:

Name: Bruce Clark

App Lic #:

Signature:

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 143310 143310
Phone number:
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☐ Not at all ☐

Lic Code 144652-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
5555 N. Channel Avenue
Portland, OR 97217
(city, state, zip)

Phone number: 503-285-1111

FAX number: 503-247-6050

Operator Lic #: 134430

Supervising licensed applicator:

Name: Bruce Clark

App Lic #:

Signature: 

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 143309 143309
Phone number:
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☐ Not at all ☐

Lic Code
144651-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.

Phone number: 503-285-1111

5555 N. Channel Avenue

FAX number: 503-247-6050

Portland, OR 97217

(city, state, zip)

Operator Lic #: 134430

Supervising licensed applicator:

Name: Bruce Clark

App Lic #:

Signature:

A handwritten signature in dark ink, appearing to read "Bruce Clark", is written over a horizontal line.

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

COMMERCIAL PESTICIDE APPLICATOR
LICENSE APPLICATION

Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532
(503) 986-4635
Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE

LICENSE EXPIRES DECEMBER 31

Clark Bruce E
Last Name First Name M.I.
Mailing Address _____
City Portland State OR Zip 97217

Applicant Home Address (if different from above):

Physical Address _____

City _____ State _____ Zip _____

Home Phone No. _____

Email Address: _____

ODA Pesticide Quarterly Newsletter notification by Email? ☐ Yes ☒ No

Social Security # _____

Date of Birth 8/18/49

Employer's Company Name: Cascade General

Operator License # 201401-67 Phone# _____

CASCADE GENERAL INC

Physical Address _____

City Portland, OR Zip 97217

Check Application Method(s)

- ☐ Aerial ☐ Ground
☐ Ground - Chemigation ☐ Home Inspections Only

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.

Signature Dan Clark

Date 12/15/00

RETURN THIS APPLICATION WITH YOUR
REMITTANCE PAYABLE TO OREGON DEPARTMENT
OF AGRICULTURE. PAY THIS AMOUNT:

\$ 15.00

FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.

☐ Visa ☐ MC Exp. / / Total Charges \$ _____

Card Number _____

Signature _____ Date / /

Renewal

For Office Use Only

LICENSE # 134430

LICENSE TYPE 68

MAIL FIRM # _____

LAWS AND SAFETY _____

Score _____ Date _____

LICENSE CATEGORIES

AGRICULTURE

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE
☐ SOIL FUMIGATION
☐ LIVESTOCK PESTS
☐ VERTEBRATE PESTS

AQUATIC

DEMONSTRATION & RESEARCH

FOREST

IIHS

- ☐ GENERAL PESTS
☐ STRUCTURAL PESTS
☐ SPACE FUMIGATION
☐ MOSS
☐ WOOD TREATMENT

X MARINE FOULING ORGANISM

ORNAMENTAL & TURF

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE

PUBLIC HEALTH

RIGHT OF WAY

SEED TREATMENT

Score

Date

84%

12/15/2000

License Fee Schedule

One major category \$ 15.00 each \$ 15.00

Additional major categories @ \$ 7.50 each \$ _____

Re-examination fee @ \$ 5.00 each \$ _____

After current license issued
additional major categories @ \$ 12.50 each \$ _____

Total Due \$ 15.00

COMMERCIAL PESTICIDE APPLICATOR
LICENSE APPLICATION

Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532
(503) 986-4635
Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE

LICENSE EXPIRES DECEMBER 31

For Office Use Only

Daniels Douglas D.
Last Name First Name M.I.
Portland OR 97217
City State Zip

Applicant Home Address (if different from above):

Physical Address

City State Zip

Home Phone No. 503-468-8100

Email Address: DDaniels@casgen

ODA Pesticide Quarterly Newsletter notification by Email? ☒ Yes ☐ No

Social Security # [REDACTED]

Date of Birth 3-3-53

Employer's Company Name: CASCADE GENERAL

Operator License: 001401-67 Phone: [REDACTED]

Physical Address: CASCADE GENERAL INC

City 5555 N. CHANNEL AVE
PORTLAND, OR 97217 Zip [REDACTED]

Check Application Method(s)

- ☐ Aerial ☐ Ground
☐ Ground - Chemigation ☐ Home Inspections Only

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.

Signature Douglas Daniels

Date 12-15-00

RETURN THIS APPLICATION WITH YOUR
REMITTANCE PAYABLE TO OREGON DEPARTMENT
OF AGRICULTURE. PAY THIS AMOUNT:

\$ 15.00

FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.

☐ Visa ☐ MC Exp / / Total Charges \$

Card Number

Signature Date / /

LICENSE #

LICENSE TYPE 68

MAIL FIRM #

LAWS AND SAFETY
Score Date

LICENSE CATEGORIES

AGRICULTURE

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE
☐ SOIL FUMIGATION
☐ LIVESTOCK PESTS
☐ VERTEBRATE PESTS

AQUATIC

DEMONSTRATION & RESEARCH

FOREST

IIHS

- ☐ GENERAL PESTS
☐ STRUCTURAL PESTS
☐ SPACE FUMIGATION
☐ MOSS
☐ WOOD TREATMENT

☒ MARINE FOULING ORGANISM

ORNAMENTAL & TURF

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE

PUBLIC HEALTH

RIGHT OF WAY

SEED TREATMENT

Score

Date

88%

12/15/2000

License Fee Schedule

One major category \$ 15.00 each \$15.00

Additional major categories @\$ 7.50 each \$

Re-examination fee @\$ 5.00 each \$

After current license issued
additional major categories @\$ 12.50 each \$

Total Due \$15.00

COMMERCIAL PESTICIDE APPLICATOR
LICENSE APPLICATION

Oregon Department of Agriculture

635 Capitol Street NE

Salem, Oregon 97301-2532

(503) 986-4635

Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE

LICENSE EXPIRES DECEMBER 31

Renewal
For Office Use Only

Last Name		First Name		M.I.	
Misho		Rodger		L.	
Mailing Address					
5555 N. Channel Ave					
City		State		Zip	
Portland		OR.		97217	

Applicant Home Address (if different from above):

Physical Address

City

State

Zip

Home Phone No.

Email Address:

ODA Pesticide Quarterly Newsletter notification by Email? ☐ Yes ☐ No

Social Security #

Date of Birth

Employer's Company Name:

Operator License #

Phone #

Physical Address

City

State

Zip

Check Application Method(s):

☐ Aerial

☒ Ground

☐ Ground - Chemigation

☐ Home Inspections Only

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.

Signature

Date

RETURN THIS APPLICATION WITH YOUR
REMITTANCE PAYABLE TO OREGON DEPARTMENT
OF AGRICULTURE. PAY THIS AMOUNT:

\$ 15.00

FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.

☐ Visa ☐ MC Exp. / / Total Charges \$

Card Number

Signature

Date

LICENSE #

LICENSE TYPE 68

MAIL FIRM #

LAWS AND SAFETY

Score

Date

LICENSE CATEGORIES

AGRICULTURE

- ☐ INSECTICIDE & FUNGICIDE
- ☐ HERBICIDE
- ☐ SOIL FUMIGATION
- ☐ LIVESTOCK PESTS
- ☐ VERTEBRATE PESTS

AQUATIC

DEMONSTRATION & RESEARCH

FOREST

IHS

- ☐ GENERAL PESTS
- ☐ STRUCTURAL PESTS
- ☐ SPACE FUMIGATION
- ☐ MOSS
- ☐ WOOD TREATMENT

X MARINE FOULING ORGANISM

ORNAMENTAL & TURF

- ☐ INSECTICIDE & FUNGICIDE
- ☐ HERBICIDE

PUBLIC HEALTH

RIGHT OF WAY

SEED TREATMENT

Score

Date

80%

12/15/2000

License Fee Schedule

One major category \$ 15.00 each \$ 15.00

Additional major categories @ \$ 7.50 each \$

Re-examination fee @ \$ 5.00 each \$

After current license issued
additional major categories @ \$ 12.50 each \$

Total Due \$ 15.00

COMMERCIAL PESTICIDE APPLICATOR
LICENSE APPLICATION

Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532
(503) 986-4635
Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE

LICENSE EXPIRES DECEMBER 31

For Office Use Only

Last Name	First Name	M.I.
Knudsen	Larry	B
Mailing Address		
5555 N. Channel		
City	State	Zip
Portland	OR	97217

Applicant Home Address (if different from above):

Physical Address

City

State

Zip

Home Phone No.

Email Address:

ODA Pesticide Quarterly Newsletter notification by Email? ☐ Yes ☒ No

Social Security #

Date of Birth

Employer's Company Name:

Operator License #

Phone #

Physical Address

City

State

Zip

Check Application Method(s):

☐ Aerial

☐ Ground - Chemigation

☐ Ground

☐ Home Inspections Only

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.

Signature

Date

RETURN THIS APPLICATION WITH YOUR
REMITTANCE PAYABLE TO OREGON DEPARTMENT
OF AGRICULTURE. PAY THIS AMOUNT:

\$ 15.00

FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.

☐ Visa ☐ MC Exp. / / Total Charges \$

Card Number

Signature

Date

LICENSE #

LICENSE TYPE 68

MAIL FIRM #

LAWS AND SAFETY

Score

Date

LICENSE CATEGORIES

AGRICULTURE

- ☐ INSECTICIDE & FUNGICIDE
- ☐ HERBICIDE
- ☐ SOIL FUMIGATION
- ☐ LIVESTOCK PESTS
- ☐ VERTEBRATE PESTS

AQUATIC

DEMONSTRATION & RESEARCH

FOREST

IIHS

- ☐ GENERAL PESTS
- ☐ STRUCTURAL PESTS
- ☐ SPACE FUMIGATION
- ☐ MOSS
- ☐ WOOD TREATMENT

MARINE FOULING ORGANISM

ORNAMENTAL & TURF

- ☐ INSECTICIDE & FUNGICIDE
- ☐ HERBICIDE

PUBLIC HEALTH

RIGHT OF WAY

SEED TREATMENT

Score

Date

77%

12/15/2000

License Fee Schedule

One major category \$ 15.00 each \$ 15.00

Additional major categories @\$ 7.50 each \$

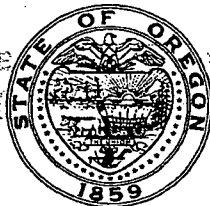
Re-examination fee @\$ 5.00 each \$

After current license issued
additional major categories @\$ 12.50 each \$

Total Due \$ 15.00

COMMERCIAL PESTICIDE APPLICATOR
LICENSE APPLICATION

Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532
(503) 986-4635
Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE

LICENSE EXPIRES DECEMBER 31

For Office Use Only

FASILIS DIMITRIOS K
Last Name First Name M.I.
SSSS Channel drive
Mailing Address
Portland OR 97217
City State Zip

Applicant Home Address (if different from above):

Physical Address

City

State

Zip

Home Phone No.

Email Address:

ODA Pesticide Quarterly Newsletter notification by Email? ☐ Yes ☐ No

Social Security #

Date of Birth

Employer's Company Name: CASCADE GENERAL

Operator License #

CASCADE GENERAL INC

5555 N. CHANNEL AVE
PORTLAND, OR 97217

Check Application Method(s)

☐ Aerial

☐ Ground - Chemigation

☐ Ground

☐ Home Inspections Only

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.

Signature

Date

RETURN THIS APPLICATION WITH YOUR
REMITTANCE PAYABLE TO OREGON DEPARTMENT
OF AGRICULTURE. PAY THIS AMOUNT:

\$ 15.00

FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.

☐ Visa ☐ MC Exp / Total Charges \$

Card Number

Signature

Date

LICENSE #

LICENSE TYPE 68

MAIL FIRM #

LAWS AND SAFETY

Score

Date

LICENSE CATEGORIES

AGRICULTURE

☐ INSECTICIDE & FUNGICIDE

☐ HERBICIDE

☐ SOIL FUMIGATION

☐ LIVESTOCK PESTS

☐ VERTEBRATE PESTS

AQUATIC

DEMONSTRATION & RESEARCH

FOREST

IIHS

☐ GENERAL PESTS

☐ STRUCTURAL PESTS

☐ SPACE FUMIGATION

☐ MOSS

☐ WOOD TREATMENT

☒ MARINE FOULING ORGANISM

ORNAMENTAL & TURF

☐ INSECTICIDE & FUNGICIDE

☐ HERBICIDE

PUBLIC HEALTH

RIGHT OF WAY

SEED TREATMENT

Score

Date

89%

12/15/2000

License Fee Schedule

One major category \$ 15.00 each \$ 15.00

Additional major categories @\$ 7.50 each \$

Re-examination fee @\$ 5.00 each \$

After current license issued
additional major categories @\$ 12.50 each \$

Total Due \$ 15.00

COMMERCIAL PESTICIDE APPLICATOR
LICENSE APPLICATION

Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532
(503) 986-4635
Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE

LICENSE EXPIRES DECEMBER 31

Renewal
For Office Use Only

Williamham Joel C
Last Name First Name M.I.
5555 N. Channel Ave
Mailing Address
Portland Oregon 97217
City State Zip

Applicant Home Address (if different from above):

Physical Address

City State Zip

Home Phone No.

Email Address:

ODA Pesticide Quarterly Newsletter notification by Email? ☐ Yes ☐ No

Social Security #

Date of Birth 3 2 62

Employer's Company Name: Cascade General Inc

Operator License # DD1401-67 Phone # 285 1111

5555 N Channel Ave
Physical Address

Portland Oregon 97217
City State

Check Application Method(s):

- ☐ Aerial ☒ Ground
☐ Ground - Chemigation ☐ Home Inspections Only

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.

Signature Joel Williamham

Date 12/15/00

RETURN THIS APPLICATION WITH YOUR
REMITTANCE PAYABLE TO OREGON DEPARTMENT
OF AGRICULTURE. PAY THIS AMOUNT:

\$ 15.00

FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.

☐ Visa ☐ MC Exp / / Total Charges \$

Card Number

Signature Date / /

LICENSE # 134424

LICENSE TYPE 68

MAIL FIRM #

LAWS AND SAFETY

Score Date

LICENSE CATEGORIES

AGRICULTURE

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE
☐ SOIL FUMIGATION
☐ LIVESTOCK PESTS
☐ VERTEBRATE PESTS

AQUATIC

DEMONSTRATION & RESEARCH

FOREST

ILHS

- ☐ GENERAL PESTS
☐ STRUCTURAL PESTS
☐ SPACE FUMIGATION
☐ MOSS

☒ WOOD TREATMENT

MARINE FOULING ORGANISM

ORNAMENTAL & TURF

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE

PUBLIC HEALTH

RIGHT OF WAY

SEED TREATMENT

Score

Date

88%

12/15/2000

License Fee Schedule

One major category \$ 15.00 each \$15.00

Additional major categories @\$ 7.50 each \$

Re-examination fee @\$ 5.00 each \$

After current license issued
additional major categories @\$ 12.50 each \$

Total Due \$15.00

COMMERCIAL PESTICIDE APPLICATOR
LICENSE APPLICATION

Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532
(503) 986-4635
Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

PRINT OR TYPE

LICENSE EXPIRES DECEMBER 31

Renewal
For Office Use Only

DELTIER Scott L.
Last Name First Name M.I.
5555 N. CHANNEL AVE.
Mailing Address
PORTLAND OR. 97217
City State Zip

Applicant Home Address (if different from above):

Physical Address

City State Zip

Home Phone No.

Email Address: SDELTIER@CASGEN.COM

ODA Pesticide Quarterly Newsletter notification by Email? ☒ Yes ☐ No

Social Security

Date of Birth

Employer's Company Name

001401-67 Phone# 503-285-1111

5555 N. CHANNEL AVE

Physical Address

PORTLAND, OR. 97217
City State Zip

Check Application Method(s)

- ☐ Aerial ☐ Ground
☐ Ground - Chemigation ☐ Home Inspections Only

I AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS PERTAINING TO THIS LICENSE. I WILL NOTIFY THE OREGON DEPARTMENT OF AGRICULTURE IMMEDIATELY SHOULD ANY INFORMATION ON THIS APPLICATION CHANGE.

Signature

Date 12-15-00

RETURN THIS APPLICATION WITH YOUR
REMITTANCE PAYABLE TO OREGON DEPARTMENT
OF AGRICULTURE. PAY THIS AMOUNT:

\$ 15.00

FOR CREDIT CARD PAYMENTS COMPLETE INFORMATION BELOW.

☐ Visa ☐ MC Exp / / Total Charges \$

Card Number

Signature

Date / /

LICENSE #

134429

LICENSE TYPE 68

MAIL FIRM #

LAWS AND SAFETY

Score Date

LICENSE CATEGORIES

AGRICULTURE

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE
☐ SOIL FUMIGATION
☐ LIVESTOCK PESTS
☐ VERTEBRATE PESTS

AQUATIC

DEMONSTRATION & RESEARCH
FOREST

IIHS

- ☐ GENERAL PESTS
☐ STRUCTURAL PESTS
☐ SPACE FUMIGATION
☐ MOSS
☒ WOOD TREATMENT

MARINE FOULING ORGANISM

ORNAMENTAL & TURF

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE

PUBLIC HEALTH

RIGHT OF WAY

SEED TREATMENT

Score

Date

80%

12/15/2000

License Fee Schedule

One major category \$ 15.00 each \$ 15.00

Additional major categories @\$ 7.50 each \$

Re-examination fee @\$ 5.00 each \$

After current license issued
additional major categories @\$ 12.50 each \$

Total Due \$ 15.00

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

122119 122119

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

68 134426 01/14/2000 12/31/2000 15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134426 EXPIRES: 12/31/2000
WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

134426-68

ORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
35 CAPITOL STREET NE
ALEX. OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

117675 090481

BUSINESS
LOCATION

5555 N CHANNEL
PORTLAND, OR 97208

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

67 01401 01/12/2000 12/31/2000 40.00
Commercial Pesticide Operator License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Operator
LICENSE NO: 01401 EXPIRES: 12/31/2000

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

01401-67

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.
122117 122117

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS
-----------------	-------------------	----------------	-----------------

CATEGORIES OF LICENSE
MARINE FOULING

68	134424	01/14/2000	12/31/2000	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134424 EXPIRES: 12/31/2000
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

134424-68

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

133563 133563

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

68 134429 01/14/2000 12/31/2000 15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134429 EXPIRES: 12/31/2000
PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

134429-68

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

133562 133562

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

68 134428 01/14/2000 12/31/2000 15.00
Commercial Pesticide Applicator License
CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134428 EXPIRES: 12/31/2000
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

134428-68

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

117675 090481

BUSINESS LOCATION

5555 N CHANNEL
PORTLAND, OR 97208

LICENSE TYPE

LICENSE NUMBER

DATE ISSUED

DATE EXPRESS

CATEGORIES OF LICENSE MARINE FOULING

67 01401 01/12/2000 12/31/2000 40.00
Commercial Pesticide Operator License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Operator
LICENSE NO: 01401 EXPIRES: 12/31/2000

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 01401-67
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

143309 143309

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

69 144651 02/10/2000 12/31/2000 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144651 EXPIRES: 12/31/2000
BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

144651-69

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

102124 102124

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

69 73198 02/10/2000 12/31/2000 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 73198 EXPIRES: 12/31/2000
BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

73198-69

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

122124 122124

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

69 122333 02/10/2000 12/31/2000 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 122333 EXPIRES: 12/31/2000
BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

122333-69

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
2000 LICENSE RENEWAL APPLICATION

COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 143310 143310
Phone number:
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
144652-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Phone number: _____

FAX number: _____

(city, state, zip)

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

COOK, MANUARD

Lic No: 144652

License Type: 69

Firm No: 143310-143310

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature Manuad Cook

Social Security # 421-56-0068

Date of Birth 3-18 1944

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
2000 LICENSE RENEWAL APPLICATION

MORGAN, DENNIS
C/O CASCADGE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 143307 143307
Phone number:
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
144649-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Phone number: _____

FAX number: _____

(city, state, zip)

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

MORGAN, DENNIS

Lic No: 144649

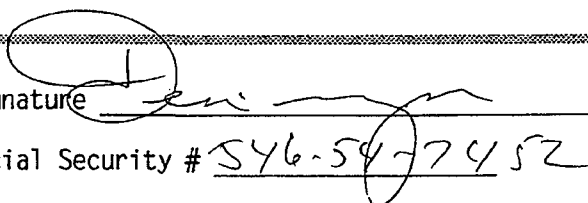
License Type: 69

Firm No: 143307-143307

LICENSE FEE SCHEDULE - Immediately Supervised Commercial Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature 

Social Security # 546-54-7452

Date of Birth 10-15-41

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
2000 LICENSE RENEWAL APPLICATION

BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO. BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 102124 102124
Phone number: 503/285-9706
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
073198-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Phone number: _____

FAX number: _____

(city, state, zip)

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

BOWDEN, MARK P

Lic No: 073198

License Type: 69

Firm No: 102124-102124

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Mark Bowden

Social Security # 543-80-0240

Date of Birth 7-7-58

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
2000 LICENSE RENEWAL APPLICATION

ISAKSEN, GARY
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 143312 143312
Phone number: _____
FAX number: _____
E-mail: _____

Home Address (if different from above):

Phone number: _____
FAX number: _____
E-mail: _____

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
144654-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

(city, state, zip)

Phone number: _____

FAX number: _____

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

ISAKSEN, GARY

Lic No: 144654

License Type: 69

Firm No: 143312-143312

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature Gary R. Isaksen

Social Security # 540-42-6209

Date of Birth 4-8-39

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
2000 LICENSE RENEWAL APPLICATION

MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 122120 122120
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

[REDACTED]

[REDACTED]

Phone number: 503-282-8243
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☒ no

Lic Code 122329-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Phone number: _____

FAX number: _____

(city, state, zip)

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

MOORE, SAM

Lic No: 122329

License Type: 69

Firm No: 122120-122120

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Sam Moore

Social Security # 434-62-6899

Date of Birth 2-21-75

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
2000 LICENSE RENEWAL APPLICATION

BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 122124 122124
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code 122333-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

CASCADE GENERAL INC.

Phone number: 503-579-1418

PO Box 4367

FAX number: _____

Portland, OR. 97208
(city, state, zip)

Operator Lic #: 122333

Supervising licensed applicator:

Name: RANDALL R. BRAY

App Lic #: _____

Signature: Randall R Bray

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

BRAY, RANDALL

Lic No: 122333

License Type: 69

Firm No: 122124-122124

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Randall R Bray

Social Security # 542-68-9421

Date of Birth 12-30-53

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
2000 LICENSE RENEWAL APPLICATION

MILLER, LES
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 143313 143313
Phone number: _____
FAX number: _____
E-mail: _____

Home Address (if different from above):

Phone number: _____
FAX number: _____
E-mail: _____

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
144655-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

(city, state, zip)

Phone number: _____

FAX number: _____

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

MILLER, LES

Lic No: 144655

License Type: 69

Firm No: 143313-143313

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Les Miller

Social Security #

538627382

Date of Birth

9-23-57

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
2000 LICENSE RENEWAL APPLICATION

BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 143309 143309
Phone number:
FAX number:
E-mail:

Home Address (if different from above):

[REDACTED]

Phone number:
FAX number:
E-mail:

[REDACTED]

[REDACTED]

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
144651-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Phone number: _____

FAX number: _____

(city, state, zip)

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

BROOKS, GEORGE

Lic No: 144651

License Type: 69

Firm No: 143309-143309

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature

George Brooks

Social Security # 567-31-5833

Date of Birth 7-30-58

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
2000 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 133562 133562
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
134428-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

☐ Aerial ☐ Ground ☐ Chemigation

☐ License maintained for Home Inspections only. No pesticides are applied.

(Continued on back)

MISHO, RODGER L

Lic No: 134428

License Type: 68

Firm No: 133562-133562

EMPLOYER INFORMATION

Company Name: Cascade General, Inc.

Address: 5555 N. Channel Ave

City, State, Zip: Portland, OR 97217

Phone Number: 503-285-1111

YOU MUST CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:

☒ I apply pesticides for a Commercial Pesticide Operator. Operator License # 00401
Complete Employer Information requested above.

() I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my employers property or commodities. (Includes golf courses, hospitals, groundskeepers and zoos.) Complete Employer Information requested above.

() I do not apply pesticides but wish to maintain my license. (Fee required to maintain)

() I am no longer a pesticide applicator. Please delete my license.

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature Rodger L. Misho

Social Security # 540-66-4216

Date of Birth 12-1-58

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
2000 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 122119 122119
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
134426-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

☐ Aerial ☐ Ground ☐ Chemigation

☐ License maintained for Home Inspections only. No pesticides are applied.

(Continued on back)

WARDELL, RAY K

Lic No: 134426

License Type: 68

Firm No: 122119-122119

EMPLOYER INFORMATION

Company Name: Cascade General, Inc.
Address: 5555 N. Channel Ave
City, State, Zip: Portland, OR 97217
Phone Number: 503-285-1111

YOU MUST CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:

- ☒ I apply pesticides for a Commercial Pesticide Operator. Operator License # 001401
Complete Employer Information requested above.
- ☐ I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my
employers property or commodities. (Includes golf courses, hospitals, groundskeepers
and zoos.) Complete Employer Information requested above.
- ☐ I do not apply pesticides but wish to maintain my license. (Fee required to maintain)
- ☐ I am no longer a pesticide applicator. Please delete my license.

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature Ray K Wardell

Social Security # 540-42-2383

Date of Birth 9-19-42

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Applicator
2000 LICENSE RENEWAL APPLICATION

CLARK, BRUCE E
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 133564 133564
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
134430-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

() Aerial () Ground () Chemigation

() License maintained for Home Inspections only. No pesticides are applied.

(Continued on back)

CLARK, BRUCE E

Lic No: 134430

License Type: 68

Firm No: 133564-133564

EMPLOYER INFORMATION

Company Name: Cascade General, Inc.
Address: 5555 N. Channel Ave
City, State, Zip: Portland, Or 97217
Phone Number: 503-285-1111

YOU MUST CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:

- ☒ I apply pesticides for a Commercial Pesticide Operator. Operator License # 001401
Complete Employer Information requested above.
- ☐ I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my employers property or commodities. (Includes golf courses, hospitals, groundskeepers and zoos.) Complete Employer Information requested above.
- ☐ I do not apply pesticides but wish to maintain my license. (Fee required to maintain)
- ☐ I am no longer a pesticide applicator. Please delete my license.

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature 

Social Security # 542-58-5974

Date of Birth 8/18/48

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Applicator
2000 LICENSE RENEWAL APPLICATION

PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 133563 133563
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code 134429-68 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

() Aerial () Ground () Chemigation

() License maintained for Home Inspections only. No pesticides are applied.

(Continued on back)

PELTIER, SCOTT L

Lic No: 134429

License Type: 68

Firm No: 133563-133563

EMPLOYER INFORMATION

Company Name: CASCADE GENERAL

Address: 5555 N. CHANNEL AVE

City, State, Zip: PORTLAND, OR. 97217

Phone Number: (503) 247-1871


YOU MUST CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:

- ☒ I apply pesticides for a Commercial Pesticide Operator. Operator License # 001401
Complete Employer Information requested above.
- () I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my
employers property or commodities. (Includes golf courses, hospitals, groundskeepers
and zoos.) Complete Employer Information requested above.
- () I do not apply pesticides but wish to maintain my license. (Fee required to maintain)
- () I am no longer a pesticide applicator. Please delete my license.

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature 

Social Security # 556-661-4510

Date of Birth 12-15-64

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
2000 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1999
Mail/Firm Number: 122117 122117
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter notification by E-mail? ☐ yes ☐ no

Lic Code
134424-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

☐ Aerial

☐ Ground

☐ Chemigation

☐ License maintained for Home Inspections only. No pesticides are applied.

(Continued on back)

WILLINGHAM, JOEL C

Lic No: 134424

License Type: 68

Firm No: 122117-122117

EMPLOYER INFORMATION

Company Name: CASCADE General Incorporated

Address: 5555 N. CHANNAL Ave.

City, State, Zip: Portland Oregon 97217

Phone Number: 247-1379

YOU MUST CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:

- ☒ I apply pesticides for a Commercial Pesticide Operator. Operator License # 061401
Complete Employer Information requested above.
- () I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my
employers property or commodities. (Includes golf courses, hospitals, groundskeepers
and zoos.) Complete Employer Information requested above.
- () I do not apply pesticides but wish to maintain my license. (Fee required to maintain)
- () I am no longer a pesticide applicator. Please delete my license.

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature Joel C. Willingham

Social Security # 544 881890

Date of Birth 3/2/62

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PRINTED: 11/16/1999

CLARK, BRUCE E
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
TRAINING REPORT

Firm #: 133564
County: MULTNOMAH
Phone: 503/285-1111

License #: 134430 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 01/27/1999
Expiration: 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
No courses have been taken.						

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PRINTED: 11/16/1999

MISHO, RODGER L
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
TRAINING REPORT

Firm #: 133562
County: MULTNOMAH
Phone: 503/285-1111

License #: 134428 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 01/27/1999
Expiration: 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
No courses have been taken.						

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

143310 143310

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

CATEGORIES OF LICENSE
MARINE FOULING

69 144652 01/25/1999 12/31/1999 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144652 EXPIRES: 12/31/1999
COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 144652-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE MOORE, SAM
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

122120 122120

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

CATEGORIES OF LICENSE
MARINE FOULING

69 122329 01/25/1999 12/31/1999 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 122329 EXPIRES: 12/31/1999
MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 122329-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 122124 122124

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	122333	01/25/1999	12/31/1999	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 122333 EXPIRES: 12/31/1999
BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 122333-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143309 143309

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	144651	01/25/1999	12/31/1999	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144651 EXPIRES: 12/31/1999
BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 144651-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE MILLER, LES
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

143313 143313

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
-----------------	-------------------	----------------	-----------------

CATEGORIES OF LICENSE
MARINE FOULING

69	144655	01/25/1999	12/31/1999	15.00
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Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144655 EXPIRES: 12/31/1999
MILLER, LES
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE	144655-69
MARINE FOULING	

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE WARDELL, RAY K
 C/O CASCADE GENERAL
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

122119 122119

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
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68	134426	01/27/1999	12/31/1999	15.00
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Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134426 EXPIRES: 12/31/1999
WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE	134426-68
MARINE FOULING	

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.
122117 122117

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134424	01/27/1999	12/31/1999	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134424 EXPIRES: 12/31/1999
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE
MARINE FOULING

134424-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE MISHO, RODGER L
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

133562 133562

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
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CATEGORIES OF LICENSE
MARINE FOULING

68	134428	01/27/1999	12/31/1999	15.00
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Commercial Pesticide Applicator License
CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134428 EXPIRES: 12/31/1999
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE	134428-68
MARINE FOULING	

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 102124 102124

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	73198	01/25/1999	12/31/1999	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 73198 EXPIRES: 12/31/1999
BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 73198-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 133563 133563

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134429	01/27/1999	12/31/1999	15.00

Commercial Pesticide Applicator License
CERTIFICATION PERIOD: 12/14/1995-12/31/2000

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134429 EXPIRES: 12/31/1999
PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE 134429-68
MARINE FOULING

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MORGAN, DENNIS
C/O CASCADGE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

143307 143307

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

CATEGORIES OF LICENSE
MARINE FOULING

69 144649 01/25/1999 12/31/1999 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144649 EXPIRES: 12/31/1999
MORGAN, DENNIS
C/O CASCADGE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE
MARINE FOULING

144649-69

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

122116 122116

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
-----------------	-------------------	----------------	-----------------

CATEGORIES OF LICENSE
MARINE FOULING

68	134425	01/27/1999	12/31/1999	15.00
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Commercial Pesticide Applicator License
CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134425 EXPIRES: 12/31/1999
O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134425-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE CROOMS, MITCHEL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143308 143308

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
69	144650	05/04/1999	12/31/1999	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144650 EXPIRES: 12/31/1999
CROOMS, MITCHEL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE 144650-69
MARINE FOULING

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Applicator
1999 LICENSE RENEWAL APPLICATION

WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122117 122117
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 134424-68 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
1999 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122116 122116
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code
134425-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
- ☐ Air - helicopter

- ☐ Ground - machine powered equipment
- ☐ Ground - hand powered equipment
- ☐ Ground - chemigation

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Applicator
1999 LICENSE RENEWAL APPLICATION

MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 133562 133562
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 134428-68 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

(Continued on back)

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Applicator
1999 LICENSE RENEWAL APPLICATION

WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122119 122119
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code
134426-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

(Continued on back)

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Applicator
1999 LICENSE RENEWAL APPLICATION

CLARK, BRUCE E
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 133564 133564
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code
134430-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

(Continued on back)

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Applicator
1999 LICENSE RENEWAL APPLICATION

COATES, ROBERT K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 133561 133561
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code Please complete this form and make corrections where necessary.
134423-68 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
- ☐ Air - helicopter

- ☐ Ground - machine powered equipment
- ☐ Ground - hand powered equipment
- ☐ Ground - chemigation

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
1999 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 133563 133563
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

.....
Lic Code Please complete this form and make corrections where necessary.
134429-68 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.
=====

Certification period: 12/14/1995 - 12/31/2000
=====

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

(Continued on back)

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122120 122120
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code Please complete this form and make corrections where necessary.
122329-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- | | |
|---|---|
| <input type="checkbox"/> Air - fixed wing | <input type="checkbox"/> Ground - machine powered equipment |
| <input type="checkbox"/> Air - helicopter | <input type="checkbox"/> Ground - hand powered equipment |
| | <input type="checkbox"/> Ground - chemigation |

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
555 N. Channel Ave
Portland Oregon 97207
(city, state, zip)

Phone number: _____

FAX number: _____

Operator Lic #: _____

Supervising licensed applicator:

Name: Scott L. Peltier

App Lic #: _____

Signature: _____

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

MOORE, SAM

Lic No: 122329

License Type: 69

Firm No: 122120-122120

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Sam Moore

Social Security #

534-62-6899

Date of Birth

1-14-99

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143309 143309
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code Please complete this form and make corrections where necessary.
144651-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
1555 N. Channel Ave
Portland, Oregon 97207
(city, state, zip)

Phone number: 285-1111

FAX number: 276-0550

Operator Lic #: 001401

Supervising licensed applicator:

Name: SCOTT L. PELTIER

App Lic #: 134429

Signature: [Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

BROOKS, GEORGE

Lic No: 144651

License Type: 69

Firm No: 143309-143309

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

George Brooks

Social Security # 567-31-5833

Date of Birth 1-30-58

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122124 122124
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code Please complete this form and make corrections where necessary.
122333-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
5555 N. Channel Ave
Portland, Oregon 97217
(city, state, zip)

Phone number: 285-1111

FAX number: 247-6050

Operator Lic #: 601401

Supervising licensed applicator:

Name: Scott L. Pettier

App Lic #: 124429

Signature: [Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

BRAY, RANDALL

Lic No: 122333

License Type: 69

Firm No: 122124-122124

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Randall R. Bray

Social Security # 542-68-9471

Date of Birth 12-30-53

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

1999 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1998

Mail/Firm Number: 143310 143310

Phone number:

FAX number:

Home Address (if different from above):

Phone number:

FAX number:

(city, state, zip)

Lic Code
144652-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
5555 N. Channel Ave
Portland, Oregon 97201
(city, state, zip)

Phone number: 285-1111

FAX number: 247-6050

Operator Lic #: 001401

Supervising licensed applicator:

Name:

SPOT L. FELTNER

App Lic #: 131429

Signature:

[Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

COOK, MANUARD

Lic No: 144652

License Type: 69

Firm No: 143310-143310

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
--------------------	----------	----------

Additional Major Categories	0 @ \$ 7.50 each	0.00
-----------------------------	------------------	------

TOTAL AMOUNT DUE	\$ 15.00
------------------	----------

Payment Due By January 1

Signature

Manuard Cook

Social Security # 421-56-0068

Date of Birth

3/18/44

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

MILLER, LES
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143313 143313
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 144655-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- | | |
|---|---|
| <input type="checkbox"/> Air - fixed wing | <input type="checkbox"/> Ground - machine powered equipment |
| <input type="checkbox"/> Air - helicopter | <input type="checkbox"/> Ground - hand powered equipment |
| | <input type="checkbox"/> Ground - chemigation |

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
2005 N. Channel Ave
Portland, Oregon 97201
(city, state, zip)

Phone number: 280-1111

FAX number: 247-6050

Operator Lic #: 001401

Supervising licensed applicator:

Name: Scott L. Feltner

App Lic #: 134429

Signature: [Signature]

☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

MILLER, LES

Lic No: 144655

License Type: 69

Firm No: 143313-143313

LICENSE FEE SCHEDULE - Immediately Supervised Commercial Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Lesley F. Miller

Social Security #

538627382

Date of Birth

9-23-57

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

ISAKSEN, GARY
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143312 143312
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 144654-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing ☐ Ground - machine powered equipment
☐ Air - helicopter ☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
5555 N Channel, #11
Portland, Oregon 97201
(city, state, zip)

Phone number: 285-1111

FAX number: 247-6050

Operator Lic #: 001401

Supervising licensed applicator:

Name: SCOTT L. FELTNER

App Lic #: 134429

Signature: [Signature]

☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

ISAKSEN, GARY

Lic No: 144654

License Type: 69

Firm No: 143312-143312

LICENSE FEE SCHEDULE - Immediately Supervised Commercial Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Gary R. Isaksen

Social Security # 540-42-6209

Date of Birth 4-8-39

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

MORGAN, DENNIS
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143307 143307
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 144649-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
555 N. Channel Ave
Portland, Oregon 97201
(city, state, zip)

Phone number: 285-1111

FAX number: 247-6050

Operator Lic #: 001401

Supervising licensed applicator:

Name: SCOTT L. FELDER

App Lic #: 134429

Signature: [Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

MORGAN, DENNIS

Lic No: 144649

License Type: 69

Firm No: 143307-143307

LICENSE FEE SCHEDULE - Immediately Supervised Commercial Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature

Dennis Morgan

Social Security #

546-847452

Date of Birth *10-15-41*

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 102124 102124
Phone number: 503/285-9706
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 073198-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc

Phone number: 503-1111

2225 N. Channel Ave

FAX number: 503-6000

Portland, Oregon 97217
(city, state, zip)

Operator Lic #: 001401

Supervising licensed applicator:

Name: Scott L. PELIER

App Lic #: 131429

Signature: [Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

BOWDEN, MARK P

Lic No: 073198

License Type: 69

Firm No: 102124-102124

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature Mark P Bowden

Social Security # 543-80-0240

Date of Birth 7-7-58

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143309 143309

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	144651	03/11/1998	12/31/1998	15.00

Immediately Supervised Comc'l Pesticide Trainee License

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO. 144651 EXPIRES: 12/31/1998
BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE 144651-69
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE

635 CAPITOL STREET NE

SALEM, OR 97310-0110

(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
 BRAY, RANDALL
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO. 122124 122124

BUSINESS
LOCATION

CATEGORIES OF LICENSE
 MARINE FOULING

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	122333	03/11/1998	12/31/1998	15.00

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
 Immediately Supervised Comc'l Pesticide Trainee
 LICENSE NO: 122333 EXPIRES: 12/31/1998
 BRAY, RANDALL
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
 DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
 PURCHASES AND USE.

CATEGORIES OF LICENSE 122333-69
 MARINE FOULING

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 102124 102124

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	73198	03/11/1998	12/31/1998	15.00

Immediately Supervised Com'l Pesticide Trainee License

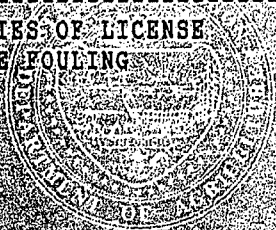
OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Com'l Pesticide Trainee
LICENSE NO: 73198 EXPIRES: 12/31/1998
BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

73198-69



FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
CLARK, BRUCE E
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 133564 133564

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134430	03/11/1998	12/31/1998	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO. 134430 EXPIRES: 12/31/1998
CLARK, BRUCE E
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134430-68
MARINE FOULING



POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

OREGON DEPARTMENT OF AGRICULTURE
835 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143310 143310

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	144652	03/11/1998	12/31/1998	15.00

Immediately Supervised Com'l Pesticide Trainee License

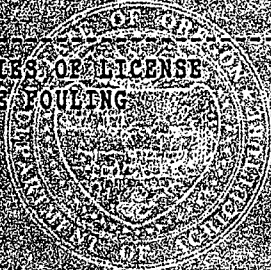
OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Com'l Pesticide Trainee
LICENSE NO. 144652 EXPIRES: 12/31/1998
COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

144652-69



FORM 1014 REV. 5/83

OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

FIRM NO. 133561 133561

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSEE

COATES, ROBERT K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

15.00

03/11/1998 12/31/1998

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Commercial Pesticide Applicator

LICENSE NO. 134423

EXPIRES: 12/31/1998

COATES, ROBERT K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE
MARINE FOULING

134423-68

POST UPPER PART IN A CONSPICUOUS PLACE.
REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
835 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4650

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 133562 133562

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134428	03/11/1998	12/31/1998	15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134428 EXPIRES: 12/31/1998
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134428-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/83
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 122116 122116

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134425	03/11/1998	12/31/1998	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO. 134425 EXPIRES: 12/31/1998
O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134425-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

MILLER, LES
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143313 143313

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

69 144655 03/11/1998 12/31/1998 15.00

Immediately Supervised Com'l Pesticide Trainee License

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE

Immediately Supervised Com'l Pesticide Trainee

LICENSE NO. 144655 EXPIRES: 12/31/1998

MILLER, LES

C/O CASCADE GENERAL INC

PO BOX 4367

PORTLAND, OR 97208

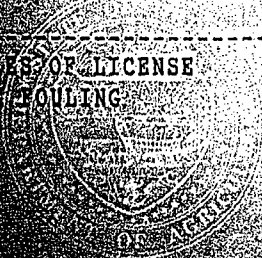
POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE

144655-69

MARINE FOULING



FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO 122120 122120

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	122329	03/11/1998	12/31/1998	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 122329 EXPIRES: 12/31/1998
MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 122329-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
835 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
JENSEN, CARRY
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143311 143311

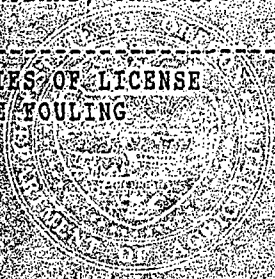
BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	144653	03/11/1998	12/31/1998	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144653 EXPIRES: 12/31/1998
JENSEN, CARRY
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE
MARINE FOULING 144653-69



POST UPPER PART IN A CONSPICUOUS PLACE

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV 5/83

OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0140
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

ISAKSEN, GARY
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

143312 143312

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

15.00

69
144654
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144654 EXPIRES: 12/31/1998
ISAKSEN, GARY
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE
MARINE FOULING

144654-69

POST UPPER PART IN A CONSPICUOUS PLACE.
REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 122119 122119

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134426	03/11/1998	12/31/1998	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134426 EXPIRES: 12/31/1998
WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134426-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/83
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
CROONS, MITCHEL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143308 143308

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	144650	03/11/1998	12/31/1998	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144650 EXPIRES: 12/31/1998
CROONS, MITCHEL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 144650-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/83
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

133563 133563

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134429	03/11/1998	12/31/1998	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO. 134429 EXPIRES: 12/31/1998
PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134429-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM, OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

RAINER, JIMMY V
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

122118 122118

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

CATEGORIES OF LICENSE
MARINE FOULING

68 134427 03/11/1998 12/31/1998 15.00
Commercial Pesticide Applicator License
CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO. 134427 EXPIRES: 12/31/1998

RAINER, JIMMY V
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE
MARINE FOULING

134427-68

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/83
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

122117 122117

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

68 134424 03/11/1998 12/31/1998 15.00

Commercial Pesticide Applicator License

CERTIFICATION PERIOD: 12/14/1995-12/31/2000

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO. 134424 EXPIRES: 12/31/1998
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134424-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



PRINTED: 11/15/1997

CLARK, BRUCE E
5555 N CHANNEL AVE
PORTLAND OR 97217

Commercial Pesticide Applicator
TRAINING REPORT

Firm #: 133564
County: MULTNOMAH
Phone: 503/285-1111

=====
=====
=====

License #: 134430 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 04/01/1997
Expiration: 12/31/1997

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
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.....
No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.



CLARK, BRUCE E

Lic No: 134430

License Type: 68

Firm No: 133564-133564

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT OWED		\$ 15.00

Signature _____

Social Security # _____

Date of Birth _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



Commercial Pesticide Applicator
1998 LICENSE RENEWAL APPLICATION

CLARK, BRUCE E
C/O CASCADE GENERAL
5555 N CHANNEL AVE
PORTLAND OR 97217

CURRENT LICENSE EXPIRES: 12/31/1997
Mail/Firm Number: 133564 133564
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code
134430-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL
BE RETURNED TO YOU FOR COMPLETION.
=====

Certification period: 12/14/1995 - 12/31/2000
=====

Major Category
MARINE FOULING

Sub-Category

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



Commercial Pesticide Applicator
1998 LICENSE RENEWAL APPLICATION

PELTIER, SCOTT L
C/O CASCADE GENERAL
5555 N CHANNEL AVE
PORTLAND OR 97217

CURRENT LICENSE EXPIRES: 12/31/1997
Mail/Firm Number: 133563 133563
Phone number: 503/285-1111
FAX number: _____

Home Address (if different from above):

(city, state, zip)

Phone number:

FAX number:

Lic Code
134429-68

.....
Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL
BE RETURNED TO YOU FOR COMPLETION.
=====

Certification period: 12/14/1995 - 12/31/2000
=====

Major Category
MARINE FOULING

Sub-Category



PELTIER, SCOTT L

Lic No: 134429

License Type: 68

Firm No: 133563-133563

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT OWED	\$ 15.00

Signature _____

Social Security # _____

Date of Birth _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



PRINTED: 11/15/1997

PELTIER, SCOTT L
5555 N CHANNEL AVE
PORTLAND OR 97217

Commercial Pesticide Applicator
TRAINING REPORT

Firm #: 133563
County: MULTNOMAH
Phone: 503/285-1111

License #: 134429 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 04/01/1997
Expiration: 12/31/1997

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
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No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.



COATES, ROBERT K

Lic No: 134423

License Type: 68

Firm No: 133561-133561

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT OWED	\$ 15.00

Signature _____

Social Security # _____

Date of Birth _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



PRINTED: 11/15/1997

COATES, ROBERT K
5555 N CHANNEL AVE
PORTLAND OR 97217

Commercial Pesticide Applicator
TRAINING REPORT

Firm #: 133561
County: MULTNOMAH
Phone: 503/285-1111

License #: 134423 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 04/01/1997
Expiration: 12/31/1997

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
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No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



Commercial Pesticide Applicator
1998 LICENSE RENEWAL APPLICATION

COATES, ROBERT K
C/O CASCADE GENERAL
5555 N CHANNEL AVE
PORTLAND OR 97217

CURRENT LICENSE EXPIRES: 12/31/1997
Mail/Firm Number: 133561 133561
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code
134423-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL
BE RETURNED TO YOU FOR COMPLETION.
=====

Certification period: 12/14/1995 - 12/31/2000
=====

Major Category
MARINE FOULING

Sub-Category

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



CLARK, JONATHAN E
2714 S SULLIVAN
VERADALE WA 99037

Commercial Pesticide Applicator
1998 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1997
Mail/Firm Number: 142083 142083
Phone number: 509/926-5473
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code
143305-68

.....
Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL
BE RETURNED TO YOU FOR COMPLETION.
=====

Oregon license based on reciprocal Washington license. Attach a copy of your 1998
Washington license when submitting this renewal application.
=====

Major Category
INDUSTRIAL, INSTITUTIONAL

Sub-Category
IIHS-GENERAL
IIHS-STRUCTURAL



WILLINGHAM, JOEL C

Lic No: 134424

License Type: 68

Firm No: 122117-122117

Equipment - check all that apply to your work:

- () Air - fixed wing
() Air - helicopter

- ☒ Ground - machine powered equipment
() Ground - hand powered equipment
() Ground - chemigation

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT OWED		\$ 15.00

Signature

Joel Willingham

Social Security # 544 88 1890

Date of Birth 3 2 62

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



WILLINGHAM, JOEL C
C/O CASCADE GENERAL
5555 N CHANNEL AVE
PORTLAND OR 97217

Commercial Pesticide Applicator
1998 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/1997
Mail/Firm Number: 122117 122117
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

[REDACTED ADDRESS]

Phone number: 658-4431
FAX number:

(city, state, zip)

Lic Code
134424-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL
BE RETURNED TO YOU FOR COMPLETION.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category

November 1997



Oregon
Department
of Agriculture

TO: Pesticide Consultants
Commercial Pesticide Applicators
Public Pesticide Applicators

FROM: Pesticides Division

SUBJECT: **Pesticide License Renewal**

Enclosed is your application for renewal of your pesticide consultant or applicator license. To renew your license for 1998, complete the form, make any necessary corrections in address or phone numbers, and return it along with the fee indicated. Make checks payable to the Oregon Department of Agriculture.

You will also find enclosed a copy of your Credit Hour Summary which details recertification training the department has a record of your attending. Please retain the Credit Hour Summary for your files. This summary was prepared in early November -- training you attended during October and November may not be included on this summary if the attendance records were not returned in time to be posted. This training will show up on next year's summary if you signed the proper attendance sheets.

If you believe there are discrepancies, and you are confident you signed the **Oregon** attendance sheet(s) at the missing sessions, please fill out the form on the reverse side of this sheet, recording each accredited training activity you attended for which you did not receive credit, and send to:

Pesticide Recertification Section
Pesticides Division
Oregon Department of Agriculture
635 Capitol St. NE
Salem OR 97310

Please submit your request for corrections by January 30, 1997. **Corrections are limited to accredited programs you attended since October 1, 1996.** Requests for credit hour assignment for attendance at programs presented prior to this date will not be considered.

You will be sent an updated copy of your Credit Hour Summary to inform you of any changes made as a result of your request.

Letter A2

John A. Kitzhaber
Governor



Mailing address:
635 Capitol Street NE
Salem, OR 97310-0110
Location address:
3420 Cherry Ave NE

November 1997



Oregon
Department
of Agriculture

TO: Commercial Pesticide Operators

FROM: Pesticides Division

SUBJECT: Commercial Pesticide Operator License Renewal

Enclosed is your application for renewal of your Oregon pesticide operator license. To renew your license for 1998, complete and return this form along with the fee indicated. Make checks payable to the Oregon Department of Agriculture.

If you are also submitting license applications on behalf of your employees (applicators and/or trainees), please submit them at the same time - this will assist us in processing your applications with a minimum of delay. Also, please assure that your insurance is current and that the department has a current Financial Responsibility Insurance Certificate on file (see insurance information on the enclosed application form).

Sole Proprietor/Partnerships: Your operator license will only be issued with categories that you (or your partner, in the case of partnerships) hold on your applicator license(s).

Corporations: If the operator license is held by a corporation, categories will be limited to those held by employees licensed as applicators who are listed on your application.

Please notify our office of address and telephone number changes so you will continue to receive license renewal applications and other information regarding pesticide use which may be sent out by the

If you have questions regarding your license
503-986-4635.

it

37041

A. Kitzhaber
Governor



Letter A1

Address:
itol Street NE
OR 97310-0110
Address:
erry Ave NE

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



PRINTED: 11/15/1997

Commercial Pesticide Applicator
TRAINING REPORT

WARDELL, RAY K
5555 N CHANNEL AVE
PORTLAND OR 97217

Firm #: 122119
County: MULTNOMAH
Phone: 503/285-1111

License #: 134426 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 04/01/1997
Expiration: 12/31/1997

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
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No courses have been taken.

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97310-0110
503/986-4635



Commercial Pesticide Applicator
1998 LICENSE RENEWAL APPLICATION

WARDELL, RAY K
C/O CASCADE GENERAL
5555 N CHANNEL AVE
PORTLAND OR 97217

CURRENT LICENSE EXPIRES: 12/31/1997
Mail/Firm Number: 122119 122119
Phone number: 503/285-1111
FAX number: _____

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code
134426-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL DELAY THE ISSUANCE OF YOUR LICENSE AND WILL
BE RETURNED TO YOU FOR COMPLETION.

Certification period: 12/14/1995 - 12/31/2000

Major Category
MARINE FOULING

Sub-Category



WARDELL, RAY K

Lic No: 134426

License Type: 68

Firm No: 122119-122119

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT OWED		\$ 15.00

Signature _____

Social Security # _____

Date of Birth _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.



CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Equipment - check all that apply to your work:

() Air - fixed wing

() Air - helicopter

() Ground - machine powered equipment

() Ground - hand powered equipment

() Ground - chemigation

LICENSE FEE SCHEDULE - Commercial Pesticide Operator

One Major Category	\$ 40.00	\$ 40.00
Additional Major Categories	0 @ \$ 15.00 each	0.00
TOTAL AMOUNT OWED		\$ 40.00

I agree to comply with all laws and regulations pertaining to this license including the insurance requirements as set forth in ORS 634.116 and OAR 603-57-102. I will notify the Oregon Department of Agriculture immediately should any information on this application change.

Signature *Dave Donaldson* Title VP Support Services Date 12/26/96

Print name Dave Donaldson
(must be legal owner or legal representative)

 I am no longer in business. Please delete my license from your records.

Signature _____ Title _____ Date _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 3324

Coverage expires: 08/01/1997

Carrier name: ST PAUL FIRE

List all Applicators/Trainees:

Name	<u>Misho Roger L.</u>	License number:	<u>134428</u>
Name	<u>Willingham Loel C.</u>	License number:	<u>134424</u>
Name	<u>Raimer Jimmy V.</u>	License number:	<u>134427</u>
Name	<u>O'Brien Robert L.</u>	License number:	<u>134425</u>
Name	<u>Peltier Scott L.</u>	License number:	<u>134429</u>
Name	<u>Wardell Ray E.</u>	License number:	<u>134426</u>

(Use reverse side to list additional names and license numbers)

If you list an applicator whose current license has not been approved by the department at the time this application is processed, they will not be considered a valid applicator. Therefore any major or sub categories that they are solely responsible for will be removed from your license.

CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 3324

Coverage expires: 08/01/1997

Carrier name: ST PAUL FIRE

List all Applicators/Trainees:

Name <u>Moore Sam/Trainee</u>	License number: <u> </u>
Name <u>Morgan Dennis/Trainee</u>	License number: <u> </u>
Name <u>Bowden Mark/Trainee</u>	License number: <u> </u>
Name <u>Bray Randy/Trainee</u>	License number: <u> </u>
Name <u>Crooms Mitchel/Trainee</u>	License number: <u> </u>
Name <u>Brooks George/Trainee</u>	License number: <u> </u>

(Use reverse side to list additional names and license numbers)

If you list an applicator whose current license has not been approved by the department at the time this application is processed, they will not be considered a valid applicator. Therefore any major or sub categories that they are solely responsible for will be removed from your license.

CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 3324

Coverage expires: 08/01/1997

Carrier name: ST PAUL FIRE

List all Applicators/Trainees:

Name	<u>Clark Bruce</u>	License number:	<u>134430..</u>
Name	<u>Cook Manuard/Trainee</u>	License number:	<u> </u>
Name	<u>Clark Rick/Trainee</u>	License number:	<u> </u>
Name	<u>Jensen Carry/Trainee</u>	License number:	<u> </u>
Name	<u>Isaksen Gary/Trainee</u>	License number:	<u> </u>
Name	<u>Miller Les/Trainee</u>	License number:	<u> </u>

(Use reverse side to list additional names and license numbers)

If you list an applicator whose current license has not been approved by the department at the time this application is processed, they will not be considered a valid applicator. Therefore any major or sub categories that they are solely responsible for will be removed from your license.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
COATES, ROBERT K
C/O CASCADE GENERAL
5555 N CHANNEL AVE
PORTLAND, OR 97217

FIRM NO. 133561 133561

BUSINESS
LOCATION

CATEGORIES OF LICENSE
MARINE FOULING

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134423	04/01/1997	12/31/1997	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator

LICENSE NO: 134423 EXPIRES: 12/31/1997
COATES, ROBERT K
C/O CASCADE GENERAL
5555 N CHANNEL AVE
PORTLAND, OR 97217

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE 134423-68
MARINE FOULING

Safety

Chris
Hough

This Is To Certify That:

Esta es una constancia de que: Jose Moreno

☒ Has Been Trained In The Use, Limitations And Maintenance Of 3M Brand Respirator(s)

☐ Ha recibido capacitación en el uso, las limitaciones y el mantenimiento de los respiradores marca 3M

☒ Has Passed A Qualitative Fit Test Using The 3M FT-10 With 3M Brand Respirator(s)

☐ Ha pasado una prueba cualitativa de ajuste usando el FT-10 de 3M con los respiradores marca 3M

☐ Could Not Be Fit Tested Due To

☐ No pudo someterse a la prueba de ajuste debido a

2-14-97

Date/Fecha



PROGRAMA DE
CAPACITACION COMPLETO

Amo Duen RV

Instructor/Instructor

CAPACITACION EN EL USO DE RESPIRADORES 3M

RESPIRATOR FIT TEST

☒ Quantitative ☐ Qualitative

Name: Jose Moreno

Company: C/G

Social Security No. 537 04 2659

Half face respirator size:

☐ small ☐ medium ☐ large ☐ one size

3M Model: 6000

Full face respirator size:

☐ small ☐ medium ☐ large

3M Model:

By: Amo Duen RV Date: 2-14-97

I acknowledge having received this Respirator Training while an employee of:

Yo confirmo que he recibido esta capacitación en el uso de respiradores siendo empleado de:

C/G

Name of Company/Nombre de la compañía

Jose Moreno

Print Employee Name/Nombre del empleado en letras de imprenta

x Jose B Moreno

Employee Signature/Firma del empleado

Environment

This Is To Certify That:

Esta es una constancia de que:

Robert Coates

☒ Has Been Trained In The Use, Limitations And Maintenance Of 3M Brand Respirator(s)

☐ Ha recibido capacitación en el uso, las limitaciones y el mantenimiento de los respiradores marca 3M

3M 6000 Medium

☐ Has Passed A Qualitative Fit Test Using The 3M FT-10 With 3M Brand Respirator(s)

☐ Ha pasado una prueba cualitativa de ajuste usando el FT-10 de 3M con los respiradores marca 3M

☐ Could Not Be Fit Tested Due To

☐ No pudo someterse a la prueba de ajuste debido a

2/15/97
Date/Fecha



Gloria H. Evansen
Instructor/Instructor

RESPIRATOR FIT TEST

☒ Quantitative ☐ Qualitative

Name: Robert Coates

Company: C/G

Social Security No. 548 53 1293

Half face respirator size:

☐ small ☒ medium ☐ large ☐ one size

3M Model: 6000

Full face respirator size:

☐ small ☐ medium ☐ large

3M Model:

By: Gloria H. Evansen Date: 2/15/97

I acknowledge having received this Respirator Training while an employee of:

Yo confirmo que he recibido esta capacitación en el uso de respiradores siendo empleado de:

C/G
Name of Company/Nombre de la compañía

Robert Coates

Print Employee Name/Nombre del empleado en letras de imprenta

X [Signature]

Employee Signature/Firma del empleado

This Is To Certify That:

Esta es una constancia de que: Chris Tompkins

☒ Has Been Trained In The Use, Limitations And Maintenance Of 3M Brand Respirator(s)

☐ Ha recibido capacitación en el uso, las limitaciones y el mantenimiento de los respiradores marca 3M

6000 Medium

☒ Has Passed A Qualitative Fit Test Using The 3M FT-10 With 3M Brand Respirator(s)

☐ Ha pasado una prueba cualitativa de ajuste usando el FT-10 de 3M con los respiradores marca 3M

☐ Could Not Be Fit Tested Due To

☐ No pudo someterse a la prueba de ajuste debido a

2-14-97
Date/Fecha



Aino Duna RN
Instructor/Instructor

CAPACITACION EN EL USO DE RESPIRADORES 3M

RESPIRATOR FIT TEST

☒ Quantitative ☐ Qualitative

Name: Chris Tompkins

Company: C/G

Social Security No. 559 67 0117

Half face respirator size:

☐ small ☒ medium ☐ large ☐ one size

3M Model: 6000

Full face respirator size:

☐ small ☐ medium ☐ large

3M Model:

By: Aino Duna RN Date: 2-14-97

I acknowledge having received this Respirator Training while an employee of:

Yo confirmo que he recibido esta capacitación en el uso de respiradores siendo empleado de:

C/G

Name of Company/Nombre de la compañía

Chris Tompkins

Print Employee Name/Nombre del empleado en letras de imprenta

Chris Tompkins

Employee Signature/Firma del empleado

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122120 122120
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code Please complete this form and make corrections where necessary.
122329-69 INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter
☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
555 N. Channel Ave.
Portland, Oregon 97207
(city, state, zip)

Phone number: _____

FAX number: _____

Operator Lic #: _____

Supervising licensed applicator:

Name: SCOTT L. FELTNER

App Lic #: _____

Signature: _____

☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

MOORE, SAM

Lic No: 122329

License Type: 69

Firm No: 122120-122120

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature

Sam Moore

Social Security #

534-62-6899

Date of Birth

1-14-99

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143309 143309
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 144651-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- | | |
|---|---|
| <input type="checkbox"/> Air - fixed wing | <input type="checkbox"/> Ground - machine powered equipment |
| <input type="checkbox"/> Air - helicopter | <input type="checkbox"/> Ground - hand powered equipment |
| | <input type="checkbox"/> Ground - chemigation |

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
755 N. Channel Ave
Portland, Oregon 97207
(city, state, zip)

Phone number: 285-1111

FAX number: 2476050

Operator Lic #: 001401

Supervising licensed applicator:

Name: SCOTT L. PELTIER

App Lic #: 134429

Signature: [Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

BROOKS, GEORGE

Lic No: 144651

License Type: 69

Firm No: 143309-143309

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature

George Brooks

Social Security # 567-31-5833

Date of Birth

7-30-58

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 122124 122124
Phone number: 503/285-1111
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 122333-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- | | |
|---|---|
| <input type="checkbox"/> Air - fixed wing | <input type="checkbox"/> Ground - machine powered equipment |
| <input type="checkbox"/> Air - helicopter | <input type="checkbox"/> Ground - hand powered equipment |
| | <input type="checkbox"/> Ground - chemigation |

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
5555 N. Channel Ave
Portland, Oregon 97217
(city, state, zip)

Phone number: 285-1111

FAX number: 247-6050

Operator Lic #: 601401

Supervising licensed applicator:

Name: Scott L. Peltier

App Lic #: 130429

Signature: [Signature]

☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

BRAY, RANDALL

Lic No: 122333

License Type: 69

Firm No: 122124-122124

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Randall R. Bray

Social Security # 542-68-9471

Date of Birth 12-30-53

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143310 143310
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 144652-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- | | |
|---|---|
| <input type="checkbox"/> Air - fixed wing | <input type="checkbox"/> Ground - machine powered equipment |
| <input type="checkbox"/> Air - helicopter | <input type="checkbox"/> Ground - hand powered equipment |
| | <input type="checkbox"/> Ground - chemigation |

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
555 N. Channel Ave
Portland, Oregon 97208
(city, state, zip)

Phone number: 285-1111

FAX number: 247-6050

Operator Lic #: CO1401

Supervising licensed applicator:

Name: Scott L. Peltier App Lic #: 121429

Signature: [Signature]

☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

COOK, MANUARD

Lic No: 144652

License Type: 69

Firm No: 143310-143310

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature Minyard Cook

Social Security # 421-56-0068

Date of Birth 3/18/44

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

MILLER, LES
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143313 143313
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 144655-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
1555 N. Channel Ave
Portland, Oregon 97208
(city, state, zip)

Phone number: 385-1111

FAX number: 247-6050

Operator Lic #: 001401

Supervising licensed applicator:

Name: SCOTT L. FELTNER

App Lic #: 134429

Signature: [Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

MILLER, LES

Lic No: 144655

License Type: 69

Firm No: 143313-143313

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Lesley F. Miller

Social Security #

538627382

Date of Birth

9-23-57

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

ISAKSEN, GARY
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143312 143312
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 144654-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
5555 N Channel, Ave
Portland, Oregon 97208
(city, state, zip)

Phone number: 285-1111

FAX number: 247-6050

Operator Lic #: 001401

Supervising licensed applicator:

Name: Scott L. Feltner

App Lic #: 134429

Signature: [Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

ISAKSEN, GARY

Lic No: 144654

License Type: 69

Firm No: 143312-143312

LICENSE FEE SCHEDULE - Immediately Supervised Commenc'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature Gary R. Isaksen

Social Security # 540-42-6209

Date of Birth 4-8-39

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

MORGAN, DENNIS
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 143307 143307
Phone number:
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code 144649-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
5555 N. Channel Ave
Portland, Oregon 97211
(city, state, zip)

Phone number: 285-1111

FAX number: 247-6050

Operator Lic #: 001401

Supervising licensed applicator:

Name: SCOTT L. FELTNER

App Lic #: 134429

Signature: [Signature]

☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

MORGAN, DENNIS

Lic No: 144649

License Type: 69

Firm No: 143307-143307

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Dennis Morgan

Social Security #

546-8477452

Date of Birth *10-15-41*

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commere'l Pesticide Trainee
1999 LICENSE RENEWAL APPLICATION

BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/1998
Mail/Firm Number: 102124 102124
Phone number: 503/285-9706
FAX number:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

Lic Code
073198-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

- ☐ Air - fixed wing
☐ Air - helicopter

- ☐ Ground - machine powered equipment
☐ Ground - hand powered equipment
☐ Ground - chemigation

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc

Phone number: 285-1111

555 N. Channel Ave

FAX number: 247-6000

Portland, Oregon 97207
(city, state, zip)

Operator Lic #: 061401

Supervising licensed applicator:

Name: Scott L. Peltier

App Lic #: 134429

Signature: [Signature]

- ☐ I am no longer a pesticide trainee or employed by a public entity.
Please delete my license.

(Continued on back)

BOWDEN, MARK P

Lic No: 073198

License Type: 69

Firm No: 102124-102124

LICENSE FEE SCHEDULE - Immediately Supervised Commercial Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature

Mark P Bowden

Social Security #

543-80-0240

Date of Birth

7-7-58

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PRINTED: 11/16/1999

Commercial Pesticide Applicator
TRAINING REPORT

CLARK, BRUCE E
PO BOX 4367
PORTLAND OR 97208

Firm #: 133564
County: MULTNOMAH
Phone: 503/285-1111

License #: 134430 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 01/27/1999
Expiration: 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
No courses have been taken.						

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PRINTED: 11/16/1999

Commercial Pesticide Applicator
TRAINING REPORT

MISHO, RODGER L
PO BOX 4367
PORTLAND OR 97208

Firm #: 133562
County: MULTNOMAH
Phone: 503/285-1111

License #: 134428 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 01/27/1999
Expiration: 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
No courses have been taken.						

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.



Oregon

John A. Kitzhaber, M.D., Governor

Department of Agriculture

635 Capitol Street NE
Salem, OR 97301-2532



TO: Commercial Pesticide Operators

FROM: ODA Pesticides Division

DATE: November 1999

SUBJECT: **2000 Commercial Pesticide Operator License Renewal**

Enclosed is your application for renewal of your Oregon pesticide operator license for 2000. Complete and return the enclosed form along with the fee indicated to ODA by January 1st. Make checks payable to Oregon Department of Agriculture.

NEW!! Please include your email address on your renewal form. In addition, check the appropriate box if you would like to receive email notification of each copy of the ODA Pesticide Quarterly newsletter. If you check "no", you will automatically receive a hard copy of the newsletter by regular mail.

If you are also submitting license applications on behalf of yourself or your employees (applicators and/or trainees), please submit them at the same time - this will assist us in processing your applications with a minimum of delay. In addition, please be sure that the Department has a current Financial Responsibility Insurance Certificate on file (Form 4018). **Any insurance policy that will expire within 45 days after receipt of the Pesticide Operator renewal will not be issued until a new 4018 is received verifying the extension of your insurance coverage period. Submit a current 4018 to expedite processing of your license.**

Sole Proprietor/Partnerships: Operator license categories will be limited to those held by you, (or your partner, in the case of partnerships) and identified on your applicator license(s).

Corporations: Operator license categories will be limited to those held by the licensed applicators listed on your application.

If you have any questions regarding your license(s), please contact the Pesticides Division at (503) 986-4635 or through the ODA Pesticides Division web page at: <http://pesticide.oda.state.or.us>



~~BWTP~~ 08

1999

~~2000~~ Pesticide

Licensing

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PRINTED: 11/16/1999

CLARK, BRUCE E
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
TRAINING REPORT

Firm #: 133564
County: MULTNOMAH
Phone: 503/285-1111

License #: 134430 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 01/27/1999
Expiration: 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
No courses have been taken.						

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PRINTED: 11/16/1999

MISHO, RODGER L
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Applicator
TRAINING REPORT

Firm #: 133562
County: MULTNOMAH
Phone: 503/285-1111

License #: 134428 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 01/27/1999
Expiration: 12/31/1999

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
No courses have been taken.						

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE COOK, MANUARD
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

143310 143310

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

CATEGORIES OF LICENSE
MARINE FOULING

69 144652 01/25/1999 12/31/1999 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144652 EXPIRES: 12/31/1999
COOK, MANUARD
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 144652-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.
122120 122120

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
-----------------	-------------------	----------------	-----------------

CATEGORIES OF LICENSE
MARINE FOULING

69	122329	01/25/1999	12/31/1999	15.00
----	--------	------------	------------	-------

Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 122329 EXPIRES: 12/31/1999
MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE
MARINE FOULING

122329-69

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

122124 122124

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

CATEGORIES OF LICENSE
MARINE FOULING

69 122333 01/25/1999 12/31/1999 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 122333 EXPIRES: 12/31/1999
BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 122333-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143309 143309

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	144651	01/25/1999	12/31/1999	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144651 EXPIRES: 12/31/1999
BROOKS, GEORGE
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 144651-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE MILLER, LES
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO. 143313 143313

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
-----------------	-------------------	----------------	-----------------

CATEGORIES OF LICENSE
MARINE FOULING

69	144655	01/25/1999	12/31/1999	15.00
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Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144655 EXPIRES: 12/31/1999
MILLER, LES
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE	144655-69
MARINE FOULING	

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE WARDELL, RAY K
 C/O CASCADE GENERAL
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

122119 122119

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
-----------------	-------------------	----------------	-----------------

68	134426	01/27/1999	12/31/1999	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134426 EXPIRES: 12/31/1999
WARDELL, RAY K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE	134426-68
MARINE FOULING	

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 122117 122117
BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134424	01/27/1999	12/31/1999	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134424 EXPIRES: 12/31/1999
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134424-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE MISHO, RODGER L
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

133562 133562

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPIRES

CATEGORIES OF LICENSE
MARINE FOULING

68 134428 01/27/1999 12/31/1999 15.00
Commercial Pesticide Applicator License
CERTIFICATION PERIOD: 12/14/1995-12/31/2000

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134428 EXPIRES: 12/31/1999
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134428-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE
BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 102124 102124

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
69	73198	01/25/1999	12/31/1999	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 73198 EXPIRES: 12/31/1999
BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 73198-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 133563 133563

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134429	01/27/1999	12/31/1999	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134429 EXPIRES: 12/31/1999
PELTIER, SCOTT L
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE 134429-68
MARINE FOULING

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE MORGAN, DENNIS
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO. 143307 143307

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES
-----------------	-------------------	----------------	-----------------

CATEGORIES OF LICENSE
MARINE FOULING

69	144649	01/25/1999	12/31/1999	15.00
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Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144649 EXPIRES: 12/31/1999
 MORGAN, DENNIS
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE	144649-69
MARINE FOULING	

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 122116 122116

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	
68	134425	01/27/1999	12/31/1999	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/14/1995-12/31/2000				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134425 EXPIRES: 12/31/1999
O'BRIEN, ROBERT L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134425-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE CROOMS, MITCHEL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 143308 143308

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
69	144650	05/04/1999	12/31/1999	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144650 EXPIRES: 12/31/1999
CROOMS, MITCHEL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 144650-69
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

~~BWTP~~ 08

2001 Pesticide
Licensing

12232 S.W. Garden Place, Tigard, OR 97223 Ph: 503-718-2323 Fax: 503-718-0333

Lab # _____ COC _____ of _____

P.O.# BO-0127

[illegible]

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

MORGAN, DENNIS
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 143307 143307
Phone number:
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☐ Not at all ☐

Lic Code
144649-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc.
1555 N. Channel Ave
Portland, OR 97217
(city, state, zip)

Phone number: 503-385-1111

FAX number: 503-247-6050

Operator Lic #: _____

Supervising licensed applicator:

Name:

Bruce Clark

App Lic #:

1244130

Signature:

[Signature]

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

MORGAN, DENNIS

Lic No: 144649

License Type: 69

Firm No: 143307-143307

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature

Dennis Morgan

Social Security #

596-5477452

Date of Birth 10-15-41

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

☐ Visa ☐ Mastercard Expiration Date ____/____ Total Charges \$ ____

Card Number _____ Signature _____ Date _____

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

MILLER, LES
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 143313 143313
Phone number:
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☐ Not at all ☐

Lic Code 144655-69 Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
5555 N. Channel Ave
Portland, Or 97217
(city, state, zip)

Phone number: 503-285-1111

FAX number: 503-247-6050

Operator Lic #: _____

Supervising licensed applicator:

Name:

Bruce Clark

App Lic #:

124430

Signature:

[Signature]

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

MILLER, LES

Lic No: 144655

License Type: 69

Firm No: 143313-143313

LICENSE FEE SCHEDULE - Immediately Supervised Commer'1 Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature Les Miller

Social Security # 538 627382

Date of Birth 9-23-57

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

☐ Visa ☐ Mastercard Expiration Date ____/____ Total Charges \$ _____

Card Number _____ Signature _____ Date _____

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

BRAY, RANDALL
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 122124 122124
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☐ Not at all ☐

Lic Code
122333-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
5555 N. Channel Ave
Portland, Or 97217
(city, state, zip)

Phone number: 503-285-1111
FAX number: 503-287-6050

Operator Lic #: _____

Supervising licensed applicator:

Name: Randall Clark

App Lic #: 1244730

Signature: [Signature]

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

BRAY, RANDALL

Lic No: 122333

License Type: 69

Firm No: 122124-122124

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature

Randall R Bray

Social Security #

542-68-9471

Date of Birth

12-30-53

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

☐ Visa ☐ Mastercard Expiration Date ____/____ Total Charges \$ ____

Card Number _____ Signature _____ Date _____



Oregon

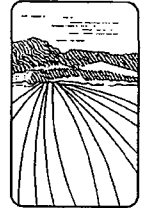
John A. Kitzhaber, M.D., Governor

Department of Agriculture

635 Capitol Street NE
Salem, OR 97301-2532

January 23, 2001

CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208



Your license application has been received. According to information furnished, we calculate a different fee (shown below). Let us know if there is additional information that would affect the fee. If you agree with our calculation, please send the additional fee as soon as possible so that we may issue your license. Enclosed is a return envelope for your convenience.

Pesticide Operator License	\$40.00
Fee Received with Application	-\$30.00

Balance Due	\$10.00
-------------	---------

We received fees for a list of Applicator licenses. There was \$30.00 extra so we applied it to your Operator License.

Valerie Pascal

Valerie Pascal
Licensing Manager
503/986-4600

Enclosure

**FOR ACCURATE RECORDING, RETURN THIS LETTER WITH YOUR
PAYMENT. THANK YOU.**



COMMERCIAL PESTICIDE OPERATOR

Oregon Department of Agriculture
635 Capitol Street NE
Salem, Oregon 97301-2532
(503) 986-4635
Hearing Impaired TDD #: (503) 986-4762



FOR CASHIER'S USE ONLY

LICENSE # 1401
PRINT OR TYPE

LICENSE TYPE 67

MAIL FIRM # 117675

LICENSE EXPIRES DECEMBER 31

90481

Cascade General Inc
Business Name

PO BOX 4367
Mailing Address

Portland City OR State 97208 Zip

Business Telephone No. _____

Business Address _____

City _____ State _____ Zip _____

Owner or Corporation Name _____

Select one of the following: ☐ NEW LICENSE ☐ RENEWAL ☐ ADDITIONAL CATEGORIES

Select type of ownership: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

Insurance verification form 4018 must accompany this application

LICENSE FEES APPLY TO MAJOR CATEGORIES ONLY.

CHECK APPLICABLE LICENSE CATEGORIES

AGRICULTURE

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE
☐ SOIL FUMIGATION
☐ LIVESTOCK PESTS
☐ VERTEBRATE PESTS

SEED TREATMENT

AQUATIC

DEMONSTRATION & RESEARCH

FOREST

PUBLIC HEALTH

RIGHT OF WAY

INDUSTRIAL, INSTITUTIONAL, HEALTH AND STRUCTURAL

- ☐ GENERAL PESTS
☐ STRUCTURAL PESTS
☐ SPACE FUMIGATION
☐ MOSS
☐ WOOD TREATMENT

ORNAMENTAL & TURF

- ☐ INSECTICIDE & FUNGICIDE
☐ HERBICIDE

☒ MARINE FOULING ORGANISM CONTROL

Application Method:

- ☐ Ground - Machine powered equipment ☐ Air - Fixed Wing
☐ Ground - Hand powered equipment ☐ Air - Helicopter
☐ Ground - Chemigation

LICENSE FEE SCHEDULE - MAJOR CATEGORIES

One Major Category @ 40.00 each \$ 40.00

Additional Major Categories @ 15.00 each \$ _____

After Current License Issued:
Additional Major Categories @ 20.00 each \$ _____

Total Fee Due \$ 40.00

I agree to comply with all laws and regulations pertaining to this license, including the insurance requirements as set forth in OR: 634.112 and OAR 603-57-102. I will notify the Oregon Department of Agriculture immediately should any information on this application change.

Signature _____

Print Name _____
(Must be owner or legal representative)

Title _____

Date _____

RETURN THIS APPLICATION WITH REMITTANCE PAYABLE TO OREGON DEPARTMENT OF AGRICULTURE.

Information on reverse side must be completed before license can be issued. Incomplete applications **WILL BE RETURNED AND WILL DELAY** the issuance of your license and may result in license denial and refund of fees.

OVER

YOU MUST LIST ALL APPLICATORS/TRAINEES BELOW:

Name <u>Bruce Clark ✓</u>	License Number <u>134430</u>
Name <u>Douglas Daniels ✓</u>	License Number <u>158419</u>
Name <u>Dimitrios Fasilis ✓</u>	License Number <u>158421</u>
Name <u>Larry Knudsen ✓</u>	License Number <u>158420</u>
Name <u>Bodger Misho ✓</u>	License Number <u>134428</u> OK
Name <u>Scott Peltier ✓</u>	License Number <u>134429</u>
Name <u>Joel Willingham ✓</u>	License Number <u>134424</u>
Name <u>Randall Bray</u>	License Number <u>122333-69</u>
Name <u>Les Miller</u>	License Number <u>144655-69</u>
Name <u>Dennis Morgan</u>	License Number <u>144649-69</u>
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____
Name _____	License Number _____

Use separate sheet to list additional names and license numbers.

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Operator
2001 LICENSE RENEWAL APPLICATION

CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 117675 090481
Phone number: 503/285-1111
FAX number:
E-mail:

Business Location Address:
CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

Phone number: 503/285-1111
FAX number:
E-mail:

ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all ___

Lie Code
001401-67

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Identify type of ownership:

() Individual..... Name _____ Applicator License #: _____
() Partnership..... Name _____ Applicator License #: _____
..... Name _____ Applicator License #: _____

☒ Corporation..... Complete Applicator/Trainee list on page 2

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

() Aerial ☒ Ground () Chemigation

() License maintained for Home Inspections only. No pesticides are applied.

(Continued on back)

CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 4152

Coverage expires: 08/01/2001

Carrier name: ST PAUL FIRE

All Operators must list Applicators/Trainees. (Use additional sheet if needed):

Name	<u>Bruce Clark</u>	Oregon Pesticide Lic #:	<u>134430</u>
Name	<u>Doug Daniels</u>	Oregon Pesticide Lic #:	<u>158419</u>
Name	<u>Rodger Mizno</u>	Oregon Pesticide Lic #:	<u>134408</u>
Name	<u>Larry Knudsen</u>	Oregon Pesticide Lic #:	_____
Name	<u>Dimitrios Fasilis</u>	Oregon Pesticide Lic #:	_____

Notify ODA immediately of applicator/trainee changes.

LICENSE FEE SCHEDULE - Commercial Pesticide Operator

One Major Category	\$ 40.00	\$ 40.00
Additional Major Categories	0 @ \$ 15.00 each	0.00
TOTAL AMOUNT DUE		\$ 40.00

Payment Due By January 1

I agree to comply with all laws and regulations pertaining to this license including the insurance requirements as set forth in ORS 634.116 and OAR 603-57-102. I will notify the Oregon Department of Agriculture immediately should any information on this application change.

Signature _____ Title _____ Date _____

Print name _____
(must be legal owner or legal representative)

☐ I am no longer in business. Please delete my license from your records.

Signature _____ Title _____ Date _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

☐ Visa ☐ Mastercard Expiration Date ____/____ Total Charges \$ _____

Card Number _____ Signature _____ Date _____

CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 4152

Coverage expires: 08/01/2001

Carrier name: ST PAUL FIRE

All Operators must list Applicators/Trainees. (Use additional sheet if needed):

Name Joel Walingham

Oregon Pesticide Lic #: 124424

Name Scott Peltier

Oregon Pesticide Lic #: 124429

Name Dennis Morgan

Oregon Pesticide Lic #: 144641-69

Name Randall Bray

Oregon Pesticide Lic #: 122333-69

Name BS Miller

Oregon Pesticide Lic #: 144655-69

Notify ODA immediately of applicator/trainee changes.

LICENSE FEE SCHEDULE - Commercial Pesticide Operator

One Major Category \$ 40.00 \$ 40.00

Additional Major Categories 0 @ \$ 15.00 each 0.00

TOTAL AMOUNT DUE \$ 40.00

Payment Due By January 1

I agree to comply with all laws and regulations pertaining to this license including the insurance requirements as set forth in ORS 634.116 and OAR 603-57-102. I will notify the Oregon Department of Agriculture immediately should any information on this application change.

Signature _____ Title _____ Date _____

Print name _____
(must be legal owner or legal representative)

☐ I am no longer in business. Please delete my license from your records.

Signature _____ Title _____ Date _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

☐ Visa ☐ Mastercard Expiration Date ____/____ Total Charges \$ _____

Card Number _____ Signature _____ Date _____

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Commercial Pesticide Applicator
2002 LICENSE RENEWAL APPLICATION

FASILIS, DIMITRIOS K
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2001
Mail/Firm Number: 092724 092724
Phone number: 360/574-3258
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ☐ Paper ☐ Not at all ☐

Lic Code
158421-68

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Certification period: 12/15/2000 - 12/31/2005

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

☐ Aerial ☐ Ground ☐ Chemigation

☐ License maintained for Home Inspections only. No pesticides are applied.

FASILIS, DIMITRIOS K

Lic No: 158421

License Type: 68

Firm No: 092724-092724

EMPLOYER INFORMATION

Company Name: Cascade General Inc.

Address: 5555 N. Channel Avenue

City, State, Zip: Portland, OR 97207

Phone Number: 503-285-1111

YOU MUST CHECK ONE OF THE FOLLOWING THAT APPLIES TO YOU:

- () I apply pesticides for a Commercial Pesticide Operator. Operator License # _____
Complete Employer Information requested above.
- () I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my
employers property or commodities. (Includes golf courses, hospitals, groundskeepers
and zoos.) Complete Employer Information requested above.
- () I do not apply pesticides but wish to maintain my license. (Fee required to maintain)
- () I am no longer a pesticide applicator. Please delete my license.

LICENSE FEE SCHEDULE - Commercial Pesticide Applicator

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
TOTAL AMOUNT DUE		\$ 15.00

Payment Due By January 1

Signature *Dimitrios K. Fasilis*

Social Security # 538-78-1879

Date of Birth 01-10-59

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

 Visa Mastercard Expiration Date / Total Charges \$

Card Number Signature

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

Commercial Pesticide Operator
2001 LICENSE RENEWAL APPLICATION

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 117675 090481
Phone number: 503/285-1111
FAX number:
E-mail:

Business Location Address:
CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

Phone number: 503/285-1111
FAX number:
E-mail:

ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all ___

Lic Code
001401-67

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Identify type of ownership:

() Individual..... Name _____ Applicator License #: _____

() Partnership..... Name _____ Applicator License #: _____

..... Name _____ Applicator License #: _____

☒ Corporation..... Complete Applicator/Trainee list on page 2

Major Category
MARINE FOULING

Sub-Category

Equipment - check all that apply to your work:

() Aerial ☒ Ground () Chemigation

() License maintained for Home Inspections only. No pesticides are applied.

(Continued on back)

CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 4152

Coverage expires: 08/01/2001

Carrier name: ST PAUL FIRE

All Operators must list Applicators/Trainees. (Use additional sheet if needed):

Name	<u>Bruce Clark</u>	Oregon Pesticide Lic #:	<u>134430</u>
Name	<u>Doug Daniels</u>	Oregon Pesticide Lic #:	<u>158419</u>
Name	<u>Rodger Mizno</u>	Oregon Pesticide Lic #:	<u>134408</u>
Name	<u>Larry Knudsen</u>	Oregon Pesticide Lic #:	_____
Name	<u>Dimitrios Fasilis</u>	Oregon Pesticide Lic #:	_____

Notify ODA immediately of applicator/trainee changes.

LICENSE FEE SCHEDULE - Commercial Pesticide Operator

One Major Category	\$ 40.00	\$ 40.00
Additional Major Categories	0 @ \$ 15.00 each	0.00
TOTAL AMOUNT DUE		\$ 40.00

Payment Due By January 1

I agree to comply with all laws and regulations pertaining to this license including the insurance requirements as set forth in ORS 634.116 and OAR 603-57-102. I will notify the Oregon Department of Agriculture immediately should any information on this application change.

Signature _____ Title _____ Date _____

Print name _____
(must be legal owner or legal representative)

☐ I am no longer in business. Please delete my license from your records.

Signature _____ Title _____ Date _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

☐ Visa ☐ Mastercard Expiration Date ____/____ Total Charges \$ _____

Card Number _____ Signature _____ Date _____

CASCADE GENERAL INC

Lic No: 001401

License Type: 67

Firm No: 117675-090481

Insurance information:

Policy number: 384 FA 4152

Coverage expires: 08/01/2001

Carrier name: ST PAUL FIRE

All Operators must list Applicators/Trainees. (Use additional sheet if needed):

Name Joel Wilingham

Oregon Pesticide Lic #: 124424

Name Scott Peltier

Oregon Pesticide Lic #: 124424

Name Dennis Morgan

Oregon Pesticide Lic #: 144642-69

Name Randall Bray

Oregon Pesticide Lic #: 122333-69

Name Res Miller

Oregon Pesticide Lic #: 144655-69

Notify ODA immediately of applicator/trainee changes.

LICENSE FEE SCHEDULE - Commercial Pesticide Operator

One Major Category \$ 40.00 \$ 40.00

Additional Major Categories 0 @ \$ 15.00 each 0.00

TOTAL AMOUNT DUE \$ 40.00

Payment Due By January 1

I agree to comply with all laws and regulations pertaining to this license including the insurance requirements as set forth in ORS 634.116 and OAR 603-57-102. I will notify the Oregon Department of Agriculture immediately should any information on this application change.

Signature _____ Title _____ Date _____

Print name _____
(must be legal owner or legal representative)

☐ I am no longer in business. Please delete my license from your records.

Signature _____ Title _____ Date _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

☐ Visa ☐ Mastercard Expiration Date ____/____ Total Charges \$ _____

Card Number _____ Signature _____ Date _____

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

BOWDEN, MARK P
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 102124 102124
Phone number: 503/285-9706
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all ___

Lic Code
073198-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
10005 N. Channel Ave
Portland, Or 97217
(city, state, zip)

Phone number: 503.285-1111
FAX number: 503.247-6050

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

BOWDEN, MARK P

Lic No: 073198

License Type: 69

Firm No: 102124-102124

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature _____

Social Security # _____

Date of Birth _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

___ Visa ___ Mastercard Expiration Date ___/___ Total Charges \$ _____

Card Number _____ Signature _____ Date _____

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



Immediately Supervised Commercial Pesticide Trainee
2001 LICENSE RENEWAL APPLICATION

MOORE, SAM
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

CURRENT LICENSE EXPIRES: 12/31/2000
Mail/Firm Number: 122120 122120
Phone number: 503/285-1111
FAX number:
E-mail:

Home Address (if different from above):

Phone number:
FAX number:
E-mail:

(city, state, zip)

ODA Pesticide Quarterly Newsletter? E-mail? ___ Paper ___ Not at all ___

Lic Code
122329-69

Please complete this form and make corrections where necessary.
INCOMPLETE FORMS WILL BE RETURNED AND DELAY THE ISSUANCE OF YOUR LICENSE.

Major Category
MARINE FOULING

Sub-Category

REQUIRED INFORMATION - This section is to be completed by your Supervising Applicator.

Employer - Company name and address:

Cascade General, Inc
5555 N. Channel Ave
Portland, OR 97217
(city, state, zip)

Phone number: 503-285-1111

FAX number: 503-247-6088

Operator Lic #: _____

Supervising licensed applicator:

Name: _____

App Lic #: _____

Signature: _____

() I am no longer a pesticide trainee.
Please delete my license.

(Continued on back)

MOORE, SAM

Lic No: 122329

License Type: 69

Firm No: 122120-122120

LICENSE FEE SCHEDULE - Immediately Supervised Commere'l Pesticide Trainee

One Major Category	\$ 15.00	\$ 15.00
Additional Major Categories	0 @ \$ 7.50 each	0.00
	TOTAL AMOUNT DUE	\$ 15.00

Payment Due By January 1

Signature _____

Social Security # _____

Date of Birth _____

Make remittance payable to Oregon Department of Agriculture
YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE.

For Credit Card Charges Complete Information Below

___ Visa ___ Mastercard Expiration Date ___/___ Total Charges \$ _____

Card Number _____ Signature _____ Date _____

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PRINTED: 11/16/2000

Commercial Pesticide Applicator
TRAINING REPORT

WARDELL, RAY K
PO BOX 4367
PORTLAND OR 97208

Firm #: 122119
County: MULTNOMAH
Phone: 503/285-1111

License #: 134426 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 01/14/2000
Expiration: 12/31/2000

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
No courses have been taken.						

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

TO: Commercial Pesticide Operators

FROM: ODA Pesticides Division

DATE: November 2007

SUBJECT: **2008 Commercial Pesticide Operator License Renewal**

Enclosed is your application for renewal of your Oregon Commercial Pesticide Operator License for 2008. Please complete and return the enclosed form along with the appropriate fee to ODA by January 1st. Please make checks payable to the Oregon Department of Agriculture and use the mailing address listed on the bottom of the renewal form.

If you are also submitting license renewal applications on behalf of yourself or your employees (applicators and/or trainees), please submit them at the same time – this will assist us in processing your applications with a minimum of delay. Operator licenses will not be issued until the applicator license upon which the license is based is also renewed.

The Financial Responsibility Insurance Certificate (Form 4018) is no longer required. This form has been replaced with an insurance "Self-Certification" process on the renewal form. "Self-certification" states that you understand, and agree to maintain, the financial responsibility required in ORS 634.116 and OAR 603-57-102. The Commercial Pesticide Operator representative must sign to certify that the insurance information provided is valid and meets these requirements. Please review the insurance information on your Operator renewal application. If there are any changes, please document them before returning your application for renewal. DO NOT SEND NEW 4018 Forms. It is your responsibility to keep your insurance information current. You may update your insurance information by downloading the insurance update form available on the ODA Pesticides Division website and submitting the signed form to the Department. Failure to maintain the appropriate and current insurance coverage is a violation of state law. You must inform ODA of any and all updates to your insurance information or you may be subject to license revocation, civil penalty, or other enforcement action.

If you have any questions regarding your license(s), please contact the ODA Pesticides Division at (503) 986-4635 or through the ODA Pesticides Division web page at:

<http://oregon.gov/ODA/PEST/>



Commercial Pesticide Operator
2008 License Renewal Application

CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208

License Number: AG-L0001401CPO
Current License Expires: 12/31/2007
Phone Number: (503) 285-1111
Phone Number:
Email:

Business Location Address:

CASCADE GENERAL INC
5555 N CHANNEL
PORTLAND OR 97208

Contact Information:

Contact Person:
Phone Number: (503) 285-1111
Fax Number:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Pesticide Operator License Fee

One Major Category	1 @ \$ 90.00	90.00
Additional Major Categories	0 @ 15.00 each	0.00
TOTAL FEE DUE		90.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



CASCADE GENERAL INC

License Number: AG-L0001401CPO

Major Category

Marine Fouling Organism

Sub-Category

Check all that apply to your work:

() Aerial-Fixed Wing

() Aerial-Helicopter

() Home Inspections Only

Ownership

Complete type of ownership below:

() Corporation

() Individual Name: _____ Applicator License No.: _____

() Partnership Name: _____ Applicator License No.: _____

Name: _____ Applicator License No.: _____

Employees

All Operators must complete Employee list below. Please print. Use additional sheet if needed. Notify the Department immediately of Employee changes.

Name: ALLEN, THOMAS E	Oregon Pesticide License No.: _____
Name: BAKER, CLAYTON A	Oregon Pesticide License No.: <u>AG-L1000532CIST</u>
Name: BOWDEN, MARK P	Oregon Pesticide License No.: <u>AG-L1000611CPA</u>
Name: CLARK, RICK J	Oregon Pesticide License No.: _____
Name: COOK, MINVARD	Oregon Pesticide License No.: <u>AG-L1000544CIST</u>
Name: DEANGELO, MICHAEL	Oregon Pesticide License No.: <u>AG-L1000536CIST</u>
Name: ELSER, MARK T	Oregon Pesticide License No.: <u>AG-L1000531CIST</u>
Name: GRANDY, JEFFREY H	Oregon Pesticide License No.: <u>AG-L1000524CIST</u>
Name: HARRIS, DON A	Oregon Pesticide License No.: <u>AG-L1000541CIST</u>
Name: JAKUPOVIC, SEVAL	Oregon Pesticide License No.: <u>AG-L1000530CIST</u>
Name: KELLER, DAVID W	Oregon Pesticide License No.: <u>AG-L1000525CIST</u>
Name: KNUDSEN, LARRY B	Oregon Pesticide License No.: <u>AG-L1000540CIST</u>
Name: MACKINNON, LEE A	Oregon Pesticide License No.: <u>AG-L1000533CIST</u>
Name: MCALLERE, PARKS	Oregon Pesticide License No.: <u>AG-L1000535CIST</u>
Name: MISHO, RICHARD L	Oregon Pesticide License No.: <u>AG-L1000543CIST</u>
Name: MISHO, RODGER L	Oregon Pesticide License No.: <u>AG-L0134428CPA</u>



CASCADE GENERAL INC

License Number: AG-L0001401CPO

Name: NOWIK, ANTHONY S	Oregon Pesticide License No.: <u>AG-L1001084CIST</u>
Name: REAGLE, RANDY M	Oregon Pesticide License No.: <u>AG-L1000539CIST</u>
Name: ROSE, TIMOTHY	Oregon Pesticide License No.: <u>AG-L1000534CIST</u>
Name: SCHNEIDER, MATT B	Oregon Pesticide License No.: _____
Name: TEETER, KENNETH L	Oregon Pesticide License No.: _____
Name: TEETER, RONALD	Oregon Pesticide License No.: _____
Name: VELASQUEZ, ROBERT O	Oregon Pesticide License No.: <u>AG-L1000527CIST</u>
Name: WILLINGHAM, JOEL C	Oregon Pesticide License No.: <u>AG-L0134424CPA</u>
Name: WOODS, DAVID S	Oregon Pesticide License No.: <u>AG-L0000538CIST</u>
Name: _____	Oregon Pesticide License No.: _____
Name: _____	Oregon Pesticide License No.: _____
Name: _____	Oregon Pesticide License No.: _____

Insurance Information

Carrier Name: NATIONAL LIABILITY AND FIRE INSURANCE CO

Policy Number: LSE000022006 Policy Expiration Date: 08/01/2007

Agent Name: _____ Agent Phone: (503) 248-6477

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license including the insurance requirements (financial responsibility) set forth in ORS 634.116 and OAR 603-57-102 required by a Commercial Pesticide Operator. I will notify the Department immediately should any information on this application change or insurance coverage is cancelled, suspended, or modified in any manner. I will also submit a new "self-certification" insurance form when my policy is renewed. I understand that failure to provide proof of insurance coverage is a violation of state law.

Signature: _____ Title: _____

Print Name: _____ Date: _____

(Must be legal owner or legal representative)

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____



Commercial Immediately Supervised Trainee
2008 License Renewal Application

DAVID S WOODS
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000538CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____
Address of Cardholder: _____ City: _____ Zip: _____
Card Number: _____ Expiration Date: ____ / ____
Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



DAVID S WOODS

License Number: AG-L1000538CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: David Woods Date: 12/13/07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Pesticide Applicator
2008 License Renewal Application

RODGER L MISHO
10600 SE MITCHELL
Portland OR 97266

License Number: AG-L0134428CPA
Current License Expires: 12/31/2007
Phone Number: (503) 760-5453
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Pesticide Applicator License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

Certification Period: 01/27/2006 to 12/31/2010

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____/____

Signature: Rodger L. Misho Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



RODGER L MISHO

License Number: AG-L0134428CPA

Certification Period: 01/27/2006 to 12/31/2010

Major Category

Marine Fouling Organism

Sub-Category

Check all that apply to your work:

☐ Aerial-Fixed Wing ☐ Aerial-Helicopter ☐ Home Inspections Only

Employer Information

Employer Name: CASCADE GENERAL INC

Operator Lic #: AG-L0001401CPO

Street Address: PO BOX 4367

Phone: (503) 285-1111

City, State, Zip: PORTLAND OR 97208

Fax: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Operator Lic #: _____

Street Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

YOU MUST COMPLETE one of the following statements:

- ☐ I apply pesticides for the Commercial Pesticide Operator identified above.
- ☐ I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my employer property or commodities. (Including golf courses, hospitals, groundskeepers, etc.) Complete Employer Information requested above.
- ☐ I do not apply pesticides but wish to maintain my license. (Fee required to maintain.)
- ☐ I am no longer a pesticide applicator. Please delete my license.

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Licensee Signature: Rodger L. Misho Date: 12-4-07

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: ☒ Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

ANTHONY S NOWIK
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1001084CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



ANTHONY S NOWIK

License Number: AG-L1001084CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: _____ Date: 12-06-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

JEFFREY H GRANDY
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000524CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



JEFFREY H GRANDY

License Number: AG-L1000524CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Jeffrey H Grandy Date: 12-7-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Pesticide Applicator
2008 License Renewal Application

JOEL C WILLINGHAM
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND OR 97208

License Number: AG-L0134424CPA
Current License Expires: 12/31/2007
Phone Number: (503) 285-1111
Phone Number: (503) 247-1391
Email: jwillingham@casgen.com

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Pesticide Applicator License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

Certification Period: 02/02/2006 to 12/31/2010

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: _____ / _____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



JOEL C WILLINGHAM

License Number: AG-L0134424CPA

Certification Period: 02/02/2006 to 12/31/2010

Major Category

Marine Fouling Organism

Sub-Category

Check all that apply to your work:

() Aerial-Fixed Wing () Aerial-Helicopter () Home Inspections Only

Employer Information

Employer Name: CASCADE GENERAL INC

Operator Lic #: AG-L0001401CPO

Street Address: PO BOX 4367

Phone: (503) 285-1111

City, State, Zip: PORTLAND OR 97208

Fax: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Operator Lic #: _____

Street Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

YOU MUST COMPLETE one of the following statements:

- ☒ I apply pesticides for the Commercial Pesticide Operator identified above.
- () I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my employer property or commodities. (Including golf courses, hospitals, groundskeepers, etc.) Complete Employer Information requested above.
- () I do not apply pesticides but wish to maintain my license. (Fee required to maintain.)
- () I am no longer a pesticide applicator. Please delete my license.

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Licensee Signature: Joel C Willingham

Date: 5 Dec '07

ODA Pesticide Bulletin? (Please check one) E-mail: ☒ Paper: ☒ Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

MICHAEL DEANGELO
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000536CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



MICHAEL DEANGELO

License Number: AG-L1000536CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Michael DeAngelo Date: Dec 6/07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

LEE A MACKINNON
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000533CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



LEE A MACKINNON

License Number: AG-L1000533CIST

Major Category
Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Lee A Mackinnon Date: 12-6-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

RANDY M REAGLE
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000539CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



RANDY M REAGLE

License Number: AG-L1000539CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Randy M Reagle Date: 12/6/07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

MARK T ELSEN
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000531CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



MARK T ELSEN

License Number: AG-L1000531CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Mark T Elsen Date: 12-6-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

ROBERT O VELASQUEZ
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000527CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



ROBERT O VELASQUEZ

License Number: AG-L1000527CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Robert Velasquez Date: 12607

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

SEVAL JAKUPOVIC
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000530CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1	@ \$ 50.00	50.00
Additional Major Categories	0	@ 7.50 each	0.00
TOTAL FEE DUE			50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



SEVAL JAKUPOVIC

License Number: AG-L1000530CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: _____ Date: 12-6-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: ☒ Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

TIMOTHY ROSE
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000534CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



TIMOTHY ROSE

License Number: AG-L1000534CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Timothy Rose Date: 12-6-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

PARKS MCALLERE
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000535CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: *[Signature]* Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



PARKS MCALLERE

License Number: AG-L1000535CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Mcallen Parks Date: 12-7-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

RICHARD L MISHO
CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000543CIST
Current License Expires: 12/31/2007
Phone Number: (503) 453-9798
Phone Number: (503) 453-9798
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: Richard L Misho Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



RICHARD L MISHO

License Number: AG-L1000543CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: R. Misho Date: 12-7-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

DON A HARRIS
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000541CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



DON A HARRIS

License Number: AG-L1000541CIST

Major Category
Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: _____ Date: Dec 6-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

DAVID W KELLER
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000525CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



DAVID W KELLER

License Number: AG-L1000525CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: David W Keller Date: 12-7-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

CLAYTON A BAKER
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000532CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



CLAYTON A BAKER

License Number: AG-L1000532CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Clayton A Baker Date: 12/7/07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

MINVARD COOK
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000544CIST
Current License Expires: 12/31/2007
Phone Number: (503) 247-1672
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



MINVARD COOK

License Number: AG-L1000544CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Minvard Cook Date: 12-7-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Pesticide Applicator
2008 License Renewal Application

MARK P BOWDEN
CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000611CPA
Current License Expires: 12/31/2007
Phone Number: (503) 704-7865
Phone Number: (503) 247-1392
Email: mbowden@casgen.com

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Pesticide Applicator License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

Certification Period: 01/26/2006 to 12/31/2010

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____/____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



MARK P BOWDEN

License Number: AG-L1000611CPA

Certification Period: 01/26/2006 to 12/31/2010

Major Category

Marine Fouling Organism

Sub-Category

Check all that apply to your work:

() Aerial-Fixed Wing () Aerial-Helicopter () Home Inspections Only

Employer Information

Employer Name: CASCADE GENERAL

Operator Lic #: AG-L1000611CPA

Street Address: 5555 N CHANNEL AVE

Phone: 503-704-7865

City, State, Zip: Portland OR 97217

Fax: _____

If the above information is not correct, complete the area below:

Employer Name: MARK BOWDEN

Operator Lic #: _____

Street Address: _____

Phone: _____

City, State, Zip: _____

Fax: _____

YOU MUST COMPLETE one of the following statements:

- ☒ I apply pesticides for the Commercial Pesticide Operator identified above.
- () I do not work for a Commercial Pesticide Operator; I only apply pesticides to my own/my employer property or commodities. (Including golf courses, hospitals, groundskeepers, etc.) Complete Employer Information requested above.
- () I do not apply pesticides but wish to maintain my license. (Fee required to maintain.)
- () I am no longer a pesticide applicator. Please delete my license.

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Licensee Signature: Mark Bowden Date: 12-6-07

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Commercial Immediately Supervised Trainee
2008 License Renewal Application

LARRY B KNUDSEN
C/O CASCADE GENERAL
PO BOX 4367
Portland OR 97208

License Number: AG-L1000540CIST
Current License Expires: 12/31/2007
Phone Number: (503) 246-4008
Phone Number:
Email:

Mailing Address (if different from above):

Physical Home Address:

PAYMENT DUE BY JANUARY 1

Make any Name, Address, and Telephone number changes ABOVE. Please complete the remainder of this form and make corrections where necessary. Incomplete forms will be returned and delay the issuance of your license.

Commercial Immediately Supervised Trainee License Fee

One Major Category	1 @ \$ 50.00	50.00
Additional Major Categories	0 @ 7.50 each	0.00
TOTAL FEE DUE		50.00

For Visa or Mastercard Charges Complete Information Below

Name of Cardholder: _____ Phone: _____

Address of Cardholder: _____ City: _____ Zip: _____

Card Number: _____ Expiration Date: ____ / ____

Signature: _____ Total Charges: \$ _____

For Checks or Money Orders, mail to:

Oregon Dept of Agriculture
PO Box 4395 Unit 16
Portland OR 97208-4395

For Credit Card Charges, mail or fax to:

Licensing
Oregon Dept of Agriculture
635 Capitol St NE
Salem OR 97301-2532
Fax: (503) 986-4746

Make checks payable to Oregon Department of Agriculture. All dishonored checks or electronic payments will incur a \$25 administrative fee per ORS 30.701. You must return this application to renew or delete your license.

(Continued on back)



LARRY B KNUDSEN

License Number: AG-L1000540CIST

Major Category

Marine Fouling Organism

Sub-Category

REQUIRED INFORMATION – This section is to be completed by your Supervising Applicator.

AG-L0001401CPO
CASCADE GENERAL INC
PO BOX 4367
PORTLAND OR 97208
(503) 285-1111

Supervising Applicator: JOEL C WILLINGHAM

Supervisor Phone Number: _____

Supervisor License Number: AG-L0134424CPA

Supervisor Applicator Signature: _____

If the above information is not correct, complete the area below:

Employer Name: _____

Street Address : _____

City, State, Zip: _____

Supervising Applicator Name (Print): _____

Supervisor Phone Number: _____

Supervisor License Number: _____

Supervisor Applicator Signature: _____

Signature Required to Renew License

I agree to comply with all laws and regulations pertaining to this license. I will notify the Oregon Department of Agriculture immediately should any information on this application change. License expires December 31.

Trainee Signature: Larry Knudsen Date: 12-17-07

() Please delete my license.

ODA Pesticide Bulletin? (Please check one) E-mail: _____ Paper: X Not at all: _____

YOU MUST RETURN THIS APPLICATION TO RENEW OR DELETE YOUR LICENSE



Oregon

John A. Kitzhaber, M.D., Governor

Department of Agriculture

635 Capitol Street NE
Salem, OR 97301-2532

January 8, 2002

CASCADE GENERAL INC
ATTN: T ALAN SCOTT
PO BOX 4367
PORTLAND OR 97208



The Oregon Department of Agriculture Pesticides Division is in receipt of your new license application for a 2002 Commercial Pesticide Operator license. This license is based upon a current Commercial Pesticide Applicator license of a person employed by your company, sole proprietor or officer of the company. This applicator must be licensed in the categories or specific sub categories corresponding to those requested on the Operator license.

Based on the information provided on your Operator license application, our records do not verify that a Commercial Pesticide Applicator working for your company is currently licensed for the year 2002. This information must be provided to our office before ODA will issue a new operator license for the year 2002.

Please respond to this request for information within 10 working days. If no response is received within this period of time, your Pesticide Operator License application will be denied and your application fee refunded.

Pesticide Licensing Section

(503) 986-4635

Cascade General, Inc.	Oregon Pesticide Lic #:	01401
Fasilis, Dimitrois K.		158421
Knudsen, Larry B		158420
Misho, Rodger L.		134428
Bray, Randall		122333
Peltier, Scott L		134429
Willingham, Joel C.		134424
Daniels, Douglas D.		158419
Clark, Bruce E.		134430
Miller, Les		144655
Morgan, Dennis		144649

OREGON DEPT OF AGRICULTURE
635 Capitol St. NE
Salem, OR 97301-2532
503/986-4635



PRINTED: 11/16/2000

Commercial Pesticide Applicator
TRAINING REPORT

COATES, ROBERT K
PO BOX 4367
PORTLAND OR 97208

Firm #: 133561
County: MULTNOMAH
Phone: 503/285-1111

License #: 134423 Type: 68
Certification Begin: 12/14/1995
Certification End: 12/31/2000

Initiated: 01/04/1996
Renewed: 03/01/2000
Expiration: 12/31/2000

APPROVED RECERTIFICATION COURSES ATTENDED - 12/14/1995 THRU DATE OF THIS PRINTING

Session #	Type	Date	Description	City	St	Cr
No courses have been taken.						

TRAINING SUMMARY - Commercial Pesticide Applicator - 12/14/1995 through 12/31/2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
From -->	12/14/1995	01/01/1997	01/01/1998	01/01/1999	01/01/2000	Hours
Thru -->	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	
Hours Attended	0	0	0	0	0	0
Hours Credited	0	0	0	0	0	0

0 credit hours out of the 40 required credit hours have been completed.
* * * Training requirements HAVE NOT been met as of this printing. * * *

No more than 15 credit hours can be accepted for recertification in any one year.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

POST THIS LICENSE IN A CONSPICUOUS PLACE

LICENSEE

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

117675 090481

BUSINESS

LOCATION

5555 N CHANNEL
PORTLAND, OR 97208

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

67 01401 02/06/2001 12/31/2001 40.00
Commercial Pesticide Operator License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Operator
LICENSE NO: 01401 EXPIRES: 12/31/2001

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
DOTTED LINE AND CARRY WITH YOU FOR PESTICIDE
PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

01401-67

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

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LICENSEE FASILIS, DIMITRIOS K
 C/O CASCADE GENERAL
 PO BOX 4768
 PORTLAND, OR 97208

FIRM NO.

092724 092724

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS
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CATEGORIES OF LICENSE
MARINE FOULING

68	158421	01/22/2001	12/31/2001	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/15/2000-12/31/2005				

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 158421 EXPIRES: 12/31/2001
FASILIS, DIMITRIOS K
C/O CASCADE GENERAL
PO BOX 4768
PORTLAND, OR 97208

CATEGORIES OF LICENSE 158421-68
MARINE FOULING

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PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

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LICENSEE KNUDSEN, LARRY B
 C/O CASCADE GENERAL
 PO BOX 4768
 PORTLAND, OR 97208

FIRM NO. 102122 102122

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
68	158420	01/22/2001	12/31/2001	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/15/2000-12/31/2005				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 158420 EXPIRES: 12/31/2001
 KNUDSEN, LARRY B
 C/O CASCADE GENERAL
 PO BOX 4768
 PORTLAND, OR 97208

CATEGORIES OF LICENSE 158420-68
MARINE FOULING

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FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

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LICENSEE MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 133562 133562

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
68	134428	01/22/2001	12/31/2001	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/15/2000-12/31/2005				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134428 EXPIRES: 12/31/2001
MISHO, RODGER L
C/O CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134428-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

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PURCHASES AND USE.

FORM 1014 REV. 5/93
OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

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LICENSEE BRAY, RANDALL
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

122124 122124

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

69 122333 01/22/2001 12/31/2001 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 122333 EXPIRES: 12/31/2001
 BRAY, RANDALL
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

CATEGORIES OF LICENSE 122333-69
MARINE FOULING

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OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

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LICENSEE PELTIER, SCOTT L
 C/O CASCADE GENERAL
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

133563 133563

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
68	134429	01/22/2001	12/31/2001	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/15/2000-12/31/2005				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134429 EXPIRES: 12/31/2001
 PELTIER, SCOTT L
 C/O CASCADE GENERAL
 PO BOX 4367
 PORTLAND, OR 97208

CATEGORIES OF LICENSE 134429-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

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PURCHASES AND USE.

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OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
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LICENSEE WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

FIRM NO. 122117 122117

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
68	134424	01/22/2001	12/31/2001	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/15/2000-12/31/2005				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134424 EXPIRES: 12/31/2001
WILLINGHAM, JOEL C
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134424-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

REMOVE LOWER PART AND CUT ALONG VERTICAL
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OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
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LICENSEE DANIELS, DOUGLAS D
 C/O CASCADE GENERAL
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

156326 156326

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
68	158419	01/22/2001	12/31/2001	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/15/2000-12/31/2005				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 158419 EXPIRES: 12/31/2001
 DANIELS, DOUGLAS D
 C/O CASCADE GENERAL
 PO BOX 4367
 PORTLAND, OR 97208

CATEGORIES OF LICENSE 158419-68
MARINE FOULING

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635 CAPITOL STREET NE
SALEM OR 97310-0110
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LICENSEE CLARK, BRUCE E
 C/O CASCADE GENERAL
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

133564 133564

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
68	134430	01/22/2001	12/31/2001	15.00
Commercial Pesticide Applicator License				
CERTIFICATION PERIOD: 12/15/2000-12/31/2005				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Applicator
LICENSE NO: 134430 EXPIRES: 12/31/2001
CLARK, BRUCE E
C/O CASCADE GENERAL
PO BOX 4367
PORTLAND, OR 97208

CATEGORIES OF LICENSE 134430-68
MARINE FOULING

POST UPPER PART IN A CONSPICUOUS PLACE.

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635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

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LICENSEE MILLER, LES
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO. 143313 143313

BUSINESS
LOCATION

LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	DATE EXPRESS	
69	144655	01/22/2001	12/31/2001	15.00
Immediately Supervised Comc'l Pesticide Trainee License				

CATEGORIES OF LICENSE
MARINE FOULING

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144655 EXPIRES: 12/31/2001
 MILLER, LES
 C/O CASCADE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

CATEGORIES OF LICENSE 144655-69
MARINE FOULING

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PURCHASES AND USE.

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OREGON DEPARTMENT OF AGRICULTURE
635 CAPITOL STREET NE
SALEM OR 97310-0110
(503) 986-4550

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LICENSEE MORGAN, DENNIS
 C/O CASCADGE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

FIRM NO.

143307 143307

BUSINESS
LOCATION

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

69 144649 01/22/2001 12/31/2001 15.00
Immediately Supervised Comc'l Pesticide Trainee License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Immediately Supervised Comc'l Pesticide Trainee
LICENSE NO: 144649 EXPIRES: 12/31/2001
 MORGAN, DENNIS
 C/O CASCADGE GENERAL INC
 PO BOX 4367
 PORTLAND, OR 97208

CATEGORIES OF LICENSE
MARINE FOULING

144649-69

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FORM 1014 REV. 5/93
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635 CAPITOL STREET NE
SALEM OR 97310-0110
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LICENSEE

CASCADE GENERAL INC
PO BOX 4367
PORTLAND, OR 97208

FIRM NO.

117675 090481

BUSINESS
LOCATION

5555 N CHANNEL
PORTLAND, OR 97208

LICENSE
TYPE

LICENSE
NUMBER

DATE
ISSUED

DATE
EXPRESS

CATEGORIES OF LICENSE
MARINE FOULING

67 01401 02/06/2001 12/31/2001 40.00
Commercial Pesticide Operator License

OREGON DEPARTMENT OF AGRICULTURE LICENSE
Commercial Pesticide Operator
LICENSE NO: 01401 EXPIRES: 12/31/2001

CASCADE GENERAL INC
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PURCHASES AND USE.

CATEGORIES OF LICENSE
MARINE FOULING

01401-67